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LUNACY AND MENTAL DEFICIENCY

The Thirty-second  
Annual Report of the  
Board of Control  
for the Year 1945

PART I



*Presented pursuant to Act of Parliament*

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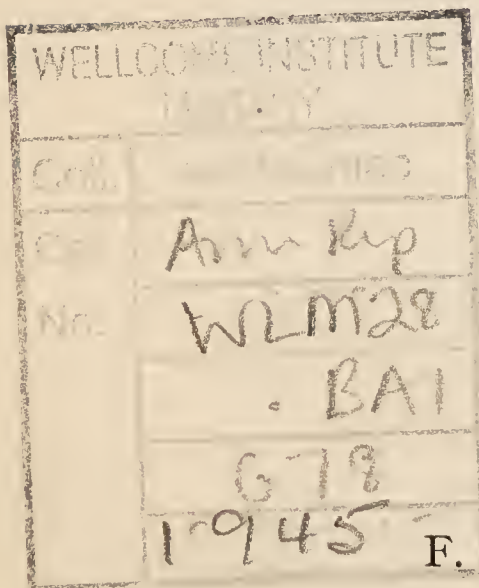
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# THE THIRTY-SECOND ANNUAL REPORT OF THE BOARD OF CONTROL. (FOR THE YEAR 1945.)

## INTRODUCTORY

Our Report for the year 1945 is the first to be published since the printing and publication of our Annual Report was discontinued on the outbreak of war in 1939. We have, therefore, included in our present Report material falling outside the year immediately under review.

### Retrospect 1939-1945

Section I of this Report contains a survey of the Board's work and the major aspects of the administration of the Mental Health Service during the war 1939-1945. In this section we have summarised and tabulated statistics not hitherto published and have reviewed, among other things, the contribution of the Mental Health Service to the war effort, the incidence of mental illness and the condition of mental patients during the war.

The evacuation of 25,000 mental hospital and mental deficiency beds put at the disposal of the Services and the Emergency Medical Service space for some 42,000 beds for war casualties. But in the hospitals to which the evacuated mental patients were moved this involved overcrowding amounting at one time to 16 per cent. This, with blackout restrictions detrimental to night ventilation, and shortage of staff, created conditions in which the health of patients was bound to be adversely affected. It is, however, significant that the increase of the death-rate was substantially lower than the increase during the war (1914-1918); and that in 1945 the death-rate at 68·4 per 1,000 was slightly lower than the average of the years 1935-1939. Our examination of all the factors leads us to suggest that the better health record during the recent war was largely the result of an improved and better balanced diet.

We have often pointed out that admissions to public mental hospitals are not necessarily an indication of the incidence of mental illness among the population. The admission rate is affected by many factors, including, for example, the amount of accommodation available, the facilities provided at particular hospitals and the extent to which out-patient work is developed in the area. Nor is it possible to assess with any certainty the extent to which the stresses of war may have affected the mental health of the community. That period of stress was, however, also a period of full employment and a higher standard of living, which might be expected to reduce the incidence of the milder forms of mental illness. We can only record as facts that the admissions to mental hospitals in 1940, 1941 and 1942 were lower than the average of the pre-war quinquennium. By 1943 the admissions had risen above the pre-war average and continued to rise in 1944 and 1945.



## The Year 1945

Section II of the Report is our report on the work of the year 1945. It contains the material usually published, but conditions in this year cannot, of course, be regarded as normal. At the end of the year bed-space for 17,020 mental patients still remained diverted to war-time services; while 847 beds could not be used owing to shortage of staff, a feature which has emerged as the most disturbing and intractable problem in the Mental Health Service. At the end of the year 1945, the total number of persons under care under the Lunacy and Mental Treatment Acts was 146,027, a decrease during the year of 241; compared with a decrease of 1,289 during 1944. The direct admissions to all forms of care under the Lunacy and Mental Treatment Acts in 1945 were 33,961—the highest on record. We are glad to be able to report that no fewer than 17,210 or 50·7 per cent. were voluntary. The total number of patients discharged was also the highest on record and was 71·7 per cent. of the direct admissions compared with an average of 66·8 for the preceding quinquennium.

In the administration of the Mental Deficiency Acts, the most acute difficulty is shortage of institutional accommodation and of staff, it being frequently impossible to find vacancies for defectives urgently needing institutional care. The only ultimate solution is the resumption of building to put into effect long-delayed schemes of extensions. Meanwhile the return of beds diverted to the E.M.S. and recruitment of staff to put these into commission is the only immediate hope of remedying an unsatisfactory and at times dangerous situation.

The year has been marked by important changes in the Board. On 31st March, 1945, Sir Laurence Brock, who had been Chairman of the Board for seventeen years—a longer period than any of his predecessors—retired from the Public Service. By his retirement the Service and the Board in particular have sustained a severe loss. The second year of his Chairmanship saw the passing of the Mental Treatment Act and to him fell the exacting task of re-organising the Board of Control and launching the important new developments in the mental health service for which the Act provided. Sir Laurence Brock laboured unceasingly to foster close and cordial relations between the Board and Local Authorities and all who are engaged in the local administration of the mental health service. In the wide range of his work, special mention should perhaps be made of the Committee on Sterilisation of which he was Chairman. The Report which he drafted has become one of the standard works on this acutely controversial subject. The last five and a half years of Sir Laurence Brock's Chairmanship were war years, during which he skilfully guided the Board and the mental health service through the immense difficulties created by the dislocation of the service under war conditions. His wide experience, his balanced judgment and his brilliant gifts, notably his powers of lucid exposition, have lent a special distinction to his tenure of the Chairmanship; and we shall feel his loss not only on those grounds but also on personal grounds for he had won the confidence and esteem of all who had the privilege of serving under him.

In succession to Sir Laurence Brock, His Majesty, on the recommendation of the Minister of Health, appointed Mr. Percy Barter to be a Senior Commissioner, and the Minister appointed him to be Chairman of the Board as from 1st April, 1945. Mr. Barter had been a Principal Assistant Secretary to the Ministry of Health since 1940; having been Secretary of the Board of Control from 1930—1939.

On 31st March, 1945, the Board suffered a further serious loss by the retirement of Sir Hubert Bond. He had been a member of the Board since its



original creation in 1914, having been appointed a Commissioner in Lunacy in 1912. He had been deputy superintendent of Bexley Mental Hospital, superintendent of Ewell Colony and from 1907–1912 superintendent of Long Grove Mental Hospital. His experience and success as an administrator, coupled with his professional standing and progressive outlook as a psychiatrist, soon assured for him a position in which he exercised a profound influence upon the medical policy of the Board and upon developments in the mental health service. Sir Hubert Bond occupied an unrivalled place in the mental hospital world, and his retirement was a severe loss to the Board. His selfless enthusiasm for the service and his constant readiness to help personally in any case of difficulty endeared him to his colleagues. It is with profound sorrow that we have to record his death which occurred with tragic suddenness less than three weeks after he had retired.

To fill the vacancy created by Sir Hubert Bond's retirement, His Majesty, on the advice of the Minister of Health, appointed the Hon. W. S. Maclay, O.B.E., Medical Superintendent of Mill Hill Emergency Medical Service Hospital, to be a Medical Senior Commissioner of the Board.

On the 31st March, 1945, Dr. Adamson, who had reached the age limit, retired from the public service. He entered the service of the Board in April, 1927, as a Medical Inspector, and was promoted a Commissioner in 1931. On professional and personal grounds his retirement from the Service will be widely regretted.

### Reconstruction

Our review of the war years and our report on the year 1945 give an indication of some of the problems which confront the mental health service in the period of reconstruction that lies ahead.

Admissions to mental institutions are rising but there is a deficiency of accommodation and a shortage of staff. It is impossible to forecast whether the rate of admissions will continue to rise; but even if it does not, present overcrowding must be relieved and increased facilities must be provided for the treatment of the milder types of mental illness. The requirements to meet the situation are first the return to the mental health service of the beds diverted to the Service Departments and the E.M.S.; secondly, the restoration of war damage; and thirdly, new building, since for six years there has been no new building to keep pace with the normal increase of mental patients.

The provision of more buildings, however, will not avail unless the problem of the shortage of staff can be solved. Reference has already been made to the grave shortage of nurses, particularly female nurses. The need for a general improvement in conditions to make the service more attractive was recognised in the "Charter" issued by the Ministry of Health; and the conditions in the mental nursing service in particular were the subject of a Report by a sub-committee of the inter-departmental Committee on Nursing Services, under the Chairmanship of the Earl of Athlone.

The Report—which was published in 1945—dealt with a number of problems relating to the mental nurse and recommendations were made regarding the conditions of service, recruitment and training, and the staffing of mental hospitals. Particular attention was paid to the existing examination systems. The Committee took the view that the General Nursing Council should become solely responsible for the training and examination of Mental and Mental Deficiency nurses, and recommended that a Joint Committee of the General Nursing Council and the Royal Medico-Psychological Association, under an independent Chairman nominated by the Minister of Health, should be set up to establish conditions for the discontinuance of the Royal Medico-Psychological



Association's examinations and to work out the many points of detail involved. Action has been taken accordingly.

Some improvement in the scales of pay has resulted from the recommendations of the Committee under the Chairmanship of Lord Rushcliffe. But the continued shortage of mental nurses suggests that further measures will be necessary if the recruitment to this service is to meet the needs of the hospitals.

The mental health service needs also substantial reinforcement of its medical personnel. It is encouraging to note the greatly increased interest being taken by the Teaching Hospitals and the Universities in the development of their facilities for psychiatric work and the education of medical students in psychiatry. We agree with the statement in the Report of the Inter-Departmental Committee on Medical Schools that every medical practitioner must be fully alive to the importance of psychological factors in health and sickness ; moreover the growing interest in what has been called psycho-somatic medicine and the wider recognition of the importance of applying to the study and treatment of mental disorder the advances in varied medical fields such as surgery, endocrinology, biochemistry and epidemiology, all reinforce the view that psychiatry is not an isolated subject but an integral part of medicine and should be taught as such.

We hope and expect that this attitude of the Medical Schools will lead more of the best type of graduate to specialise in psychiatry as the need for specialists is urgent. The problems concerned with the training of specialists are being considered by the responsible bodies as part of the general problem of specialist training, but as an immediate step we have given attention to the best means of securing for the service psychiatrists who might be demobilised from the forces.

Arrangements were made by the Ministry of Health for the post-graduate training of certain classes of officer who joined the Forces and were unable to complete their post-graduate training or who had their normal professional experience interrupted or curtailed. These arrangements were designed to include psychiatrists falling within certain specified categories and many have taken advantage of the scheme. The arrangements, however, were not ordinarily applicable to medical officers of local authorities who had been serving in the Forces and had resumed their duties on the staffs of mental hospitals or mental deficiency institutions. It seemed probable that many of these officers, as well as others who were unable to join the Forces, would feel the need of facilities to enable them to bring themselves abreast of certain aspects of the theory and practice of psychiatry. The Board of Control, therefore, communicated with the authorities of Mental Hospital and Mental Deficiency Institutions suggesting that sympathetic consideration should be given to applications for study-leave and pointing out that the further training and experience gained during a period of study-leave would equip the officer concerned for greater efficiency in the authority's service. In order to further this scheme an arrangement was made in London with the Maudsley Hospital whereby officers of local authorities and others not eligible under the Ministry of Health Scheme could get advice and guidance as to how and when they might get the post-graduate training which they desired or find temporary or permanent posts suited to their requirements.

Consideration of the staffing of hospitals, however, must have regard to the fact that in the future the extra-mural activities of the hospital will need to be greatly extended. The conception of early mental treatment is developing to cover the whole field of psychiatric rehabilitation. The war has naturally focussed attention on the needs of the Service men and women ; and this in turn has quickened appreciation of the needs of the civilian



community. These needs are clearly set out in two publications recently issued which have resulted from war-time investigations sponsored by the Ministry of Health in consultation with the Board of Control. One was a survey of the psychiatric out-patient facilities of England and Wales, the results of which are included in a book by Dr. C. P. Blacker entitled "Neurosis and the Mental Health Services"; the other was a follow-up of a sample of Ex-Service men discharged from the Army on psychiatric grounds. This inquiry was undertaken by Dr. E. Guttman and Miss Thomas and is reported in a Ministry of Health publication entitled "A Report on the Re-adjustment in Civil Life of Soldiers discharged from the Army on account of Neurosis."

Since the passing of the Mental Treatment Act in 1930, the number of out-patient clinics has increased greatly but it is apparent that many more are required and that the work is hindered by lack of staff and of proper accommodation. One of the defects of the after-care scheme for ex-service patients, to which we refer in our report, has been the lack of out-patient clinics where treatment as well as diagnosis can be carried out.

With the recognition of the potential importance of these clinics to the mental health of the community and to the efficiency and well being of the individual the time seems ripe for their rapid expansion so that they can be organised to carry out the wide range of work now regarded as their function. At present too many clinics continue to run on one session a week, staffed by one or two doctors, often without ancillary staff, who try with varying degrees of success to deal with an overwhelming burden of work. It seems clear that the extra-mural activities of mental hospitals must increase rapidly and that this must be taken into consideration in deciding on the adequate staffing of these hospitals.

Briefly, the functions of an out-patient clinic are to accept for consideration persons referred for psychiatric help, to diagnose the psychiatric disorder, to arrange proper in-patient or out-patient treatment, and to interpret the disorder to persons or agencies who must co-operate in treatment. To achieve this there will be required an adequate staff of psychiatrists, psychologists, social workers and clerical assistants. If the clinic is to be an all-purpose one there will need to be specialisation within it to deal efficiently with the various aspects of the work such as child psychiatry, court work, industrial problems, vocational guidance, teaching and propaganda, and research.

To take but one aspect of the problem to which we have referred above: there are in the community large numbers of men and women suffering from psychiatric disorders who constitute a problem of disablement to the Ministry of Labour in regard to employment and to the Health Services in regard to psychiatric diagnosis, treatment and rehabilitation. These men and women include many who have been in the Services. Already some clinics are devoting special attention to this problem and have achieved a close liaison with the Disablement Rehabilitation Officers and the employment exchanges in their area. There is already in existence a scheme whereby an employment exchange can refer psychiatric patients to clinics and pay for specialist reports on them. It is hoped at an early date to open an in-patient centre to which these patients can be referred for assessment and treatment when it is difficult to come to a decision in the out-patient department.

During 1945, the proposals for a National Health Service brought into prospect plans for the integration of the Mental Health Service with the National Health Service; and we have been closely concerned with the proposals for effecting this at the centre and at the periphery. The passing of legislation to give effect to these far-reaching proposals falls outside the year now under review and will, no doubt, be the subject of detailed comment in our next

Report. But we refer to the matter here because the most important aspect of reconstruction in the Mental Health Service with which we are now pre-occupied is the organisation of that service as an integral part of the National Service.

There remains for mention an undertaking which would have been put in hand but for the war—the re-writing of the Lunacy Code. The Royal Commission recommended in 1926 that the Code should be recast and simplified. This is now urgently necessary in view of the many and far reaching modifications which the National Health Service Bill will effect in the Lunacy and Mental Treatment Acts and in the Mental Deficiency Acts. When parliamentary time can be found for such legislation will, of course, be a matter for Ministerial decision, but it will be the endeavour of the Board to make preparation for a restatement of the law as soon as practicable.



## SECTION I

### **Pre-war plans for Surrender of Accommodation in Mental Institutions to the Emergency Medical Service**

During the early months of 1938, the Board of Control undertook, at the request of the Ministry of Health, a survey of the accommodation in mental hospitals and mental deficiency institutions in England and Wales with a view to estimating the number of beds which might be made available for civilian casualties in the event of war. The proposals submitted by the Board as a result of the survey contemplated the evacuation and surrender to the Emergency Medical Service of 16 of the 101 County and Borough Mental Hospitals and 10 of the 89 Certified Institutions for mental defectives administered by local authorities or joint boards. The scheme involved the evacuation of rather more than 25,000 beds and it was estimated that by the installation of additional beds a total of about 42,000 beds for casualties could be provided in the accommodation to be surrendered. Considerable progress was made in working out the details of the scheme, which would in all probability have been brought into operation if the international crisis of September, 1938, had culminated in war. During the latter part of the year, however, conferences between representatives of the Ministry of Health and the Board led to a fundamental change of plan. It was felt that a scheme based upon the complete evacuation of a comparatively small number of selected institutions might result in the provision of an excessive number of casualty beds in some areas and a shortage in others. To meet this objection the Board proposed, and the Ministry accepted, an alternative scheme under which the necessary beds would be found by the partial evacuation of the majority of the mental hospitals and larger mental deficiency institutions. Certain hospitals were already so overcrowded that they had to be omitted from the scheme, and the general rule was adopted that in no hospital should more than 25 per cent. of the total authorised accommodation be given up.

The administrative arrangements were on the footing that the Medical Superintendent remained in administrative charge of the whole hospital including the portion allocated to the Emergency Medical Service. As regards the medical staffing of the Emergency Medical Service wards, the usual arrangement was for medical officers to be specially seconded for this work, but in some hospitals it was found convenient for members of the hospital staff to undertake the care of Emergency Medical Service patients in addition to their normal duties. The visiting committees were asked to undertake responsibility (subject, of course, to financial reimbursement) for the supply of food and such common services as washing, heating and lighting, while the Emergency Medical Service provided such extra ward equipment and medical and surgical stores as might be required for the purposes of a casualty hospital.

This scheme provided also for the complete or almost complete evacuation of a few selected mental hospitals and mental deficiency institutions.

### **Operation and development of the war plan**

When the time came to put these plans into operation, they worked with such smoothness and rapidity that the necessary transfers were completed within little more than 24 hours. The hospitals and institutions completely evacuated were Park Prewett Mental Hospital (Hampshire), Horton Mental Hospital (Epsom), Hill End Mental Hospital (Hertfordshire), Hollymoor Mental Hospital (Birmingham), Westwood Mental Deficiency Colony (Leeds) and Shotley Bridge Mental Deficiency Colony (Newcastle). In the remaining



mental hospitals, except for the few in which further overcrowding was thought to be too dangerous, and in the larger mental deficiency colonies, space was released by the transfer of patients to other wards or other institutions. Altogether sufficient accommodation was released to provide space for nearly 40,000 casualty beds. This does not, of course, mean that anything like this number of mental hospitals and mental deficiency beds was lost. Mental hospitals and mental deficiency institutions, unlike general hospitals in which practically all the patients are in bed, have to provide day space as well as night space, and the accommodation released provided casualty bed space for approximately double the number of beds surrendered. In mental hospitals alone, 17,204 beds out of a total of 132,890 were released in 1939, and by the end of 1941 the total of beds surrendered had increased to 20,478. In mental deficiency institutions 5,926 beds out of 34,746 were surrendered in 1939.

In the original scheme the accommodation released was devoted to civilian casualties, except for the use of Barrow Gurney which was lent to the Navy for the treatment of Naval casualties. But, as time went on, the fighting services become more and more insistent in their demands for beds, both for mental patients and for sick and wounded. Military hospitals for the treatment of mental cases arising in the armed forces were established at Banstead, Oxford, Talgarth and the North Riding. In these units the patients remained still under military discipline and it was thus possible to secure treatment of their mental illness for an agreed period (up to nine months) without resort to certification and at the same time to avoid any question of illegal detention. But the demands of the Army for mental beds were not the only demands from the Services. Half Bracebridge (Lincoln) was handed over to the Army for general hospital purposes, and the whole of Rauceby (Kesteven) was similarly taken over by the R.A.F. The Royal Naval Hospital, Yarmouth, had to be evacuated to Lancaster Mental Hospital, and later a small unit (200 beds) was established at Knowle (Hampshire) for the treatment of mental cases from the Navy which for legal reasons could not be sent to the Royal Naval Hospital. Later again the whole of Exeter City Mental Hospital was handed over to the War Department who placed it at the disposal of the United States Forces.

During the course of the war adjustments of the scheme had to be made from time to time among which may be noted the transfer of Hollymoor Mental Hospital from the Emergency Medical Service to the Army for the treatment of Service psychoneurotics. As regards diversion of beds the peak was reached about 1st January, 1943, the Board's records showing, at that date, 26,428 diverted.

The Board take this opportunity of expressing to all visiting committees of mental hospitals and managers of mental deficiency institutions concerned their gratitude for the splendid co-operation they received at every stage of the scheme and their appreciation of the smoothness and efficiency with which it was operated. In doing so they are mindful of the immense burden which the scheme imposed upon the administrative, medical and nursing staffs of the hospitals concerned whose devotion to duty played so great a part in making the scheme a success.

### **Release of medical staff for war service**

The diversion of accommodation from the mental health service to war service purposes was accompanied by diversion of personnel. Heavy demands were made upon the medical man power of the Country for service in H.M. Forces. The government accepted the recommendations of the Medical Personnel (Priority) Committee that mental institutions in England, Wales



and Scotland should release 100 doctors in 1942 and another 50 in 1943 ; the number to be provided by institutions in England and Wales being 85 in 1942 and 44 in 1943. These releases were additional to the large number of medical practitioners who had already joined one or other of the Services between the outbreak of War and the end of 1941.

The table below shows the number of doctors who left institutions for service with the Forces from 1939 to 1945. Of the total 252, 81 per cent. were released for recruitment by December, 1942.

	Outbreak of War (1939) to 23rd December, 1942			24th December, 1942, to 31st December, 1945			Total Outbreak of War (1939) to 31st December, 1945		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Public Mental Hospitals	160	4	164	34	—	34	194	4	198
Registered Hospitals ...	14	—	14	3	2	5	17	2	19
Licensed Houses ...	6	—	6	—	—	—	6	—	6
Mental Deficiency Institutions ...	20	—	20	9	—	9	29	—	29
	200	4	204	46	2	48	246	6	252

### Shortage of Nursing Staff

The demands of the Forces and other War-time services made inroads into the nursing staffs of mental institutions. Between the outbreak of War and 1st July, 1940, approximately 2,000 male nurses joined the Forces or left for other War-time service ; while 381 female nurses were transferred to other forms of nursing and 109 joined the A.T.S. At this stage the net numerical loss was not very serious. The total number of male nurses (8,889) was less by 743 than on 1st August, 1939, and the total number of female nurses (10,867) was less by 375. But the loss of trained and experienced nurses and their replacement by less skilled personnel was beginning to create difficulties and in some hospitals the working of overtime and curtailment of leave were increasing.

By the following year the position had materially deteriorated. In all but a few mental hospitals there was an increasing shortage of nurses—particularly female nurses, and in some areas the shortage amounted to one-third of the normal staff. In these circumstances, following representations both from the Mental Hospitals Association and the Mental Hospital and Institutional Workers' Union, the Board advised that steps should be taken under the Defence Regulations to stabilise the position. At the Board's request the Minister of Health made an Order on 24th July, 1941, under Regulation 32AB of the Defence (General) Regulations prohibiting nurses employed in mental hospitals, registered hospitals, licensed houses and in mental deficiency institutions and certified houses, which complied with certain provisions as to scales of pay and conditions of service, from leaving their employment without the consent of the person in charge of the mental institution or the consent of the Chairman of the Board of Control. This Order was entitled Mental Nurses (Employment and Offences) Order, 1941 (S.R. & O. 1941 No. 1294) ; it was amended by a further Order—entitled the Mental Nurses (Employment and Offences) Amendment Order, 1944 (S.R. & O. 1944 No. 1080).



The extent to which this power to refuse nurses permission to leave was used varied widely. In some institutions the Order was very infrequently invoked. In others the shortage of nursing staff was so acute that the Medical Superintendent was constrained to refuse permission to most applicants.

There resulted a certain number of appeals to the Chairman of the Board. Between November, 1941, and the end of 1945, appeals were received from 229 nurses (50 men and 179 women). In four cases the application was withdrawn; and of the remainder, 66 (29 per cent.) were granted and 133 (59 per cent.) were refused. In 26 cases (12 per cent.) no decision was given, generally owing to the failure of the appellant to furnish further particulars in support of the appeal.

### **Damage and Casualties due to Air Attack**

Sustained air attacks on this country began in the summer of 1940 and more incidents involving mental institutions occurred during that year than in any of the succeeding years of the war. The number reported to us was seventy-one. These took place in areas ranging from Devonshire, Somerset, and Gloucestershire to the Home Counties and as far north as Lancashire, the West Riding of Yorkshire, Durham, and Northumberland. Much serious damage to buildings resulted and although some grievous loss of life and injuries were sustained the casualties were, in proportion to material damage, fortunately low. Several institutions sustained damage more than once. Friern Hospital suffered on five occasions. Three of the attacks caused the death of thirty-six patients and four nurses while many patients and nurses were injured. Casualties occurred in nine other institutions.

Twenty incidents were reported in 1941 but only two were attended by deaths or injuries.

In 1942 there were twenty-two attacks, the most serious being that on Severalls Mental Hospital, where thirty-eight patients were killed and twenty-five patients and two of the staff injured. Casualties were caused at seven other institutions.

Only four incidents were reported in 1943, in one of which a nurse was injured.

In the first half of 1944 there were twenty-one attacks in one of which twelve patients and one male nurse were killed and a number of patients and nurses injured at Bexley Mental Hospital. Fatalities and injuries were sustained in two other institutions. Flying bomb attacks began in June and caused much damage by blast. Forty-five incidents were reported and deaths or injuries occurred at nine institutions. A flying bomb which fell at St. Bernard's Hospital caused such extensive damage to the services that it was necessary to remove nearly 2,000 patients. The first rocket bomb to fall near a mental institution was reported in December.

The fall of five rocket bombs, the last in February, was reported in 1945. Although these caused much damage, in one case only were casualties sustained, a number of patients being injured, one seriously.

In all we were notified of 189 incidents involving 104 institutions.

The intensification of air attack in the autumn of 1940 and the random bombing of areas previously regarded as relatively safe made it advisable to concert measures for the provision of accommodation at other institutions for patients whom it might be necessary to remove from one severely damaged. We are glad to record that arrangements for mutual help in each Civil Defence Region were readily made by the authorities owning institutions. Fortunately



no large scale evacuation as the result of enemy action proved necessary except in the case of St. Bernard's Hospital, the patients from which were removed to other hospitals of the London County Council.

No survey, however brief, of enemy activity and its effect on mental institutions would be complete without mention of the courage and devotion to duty displayed by the officers and staff of all ranks. Tribute must also be paid to the coolness and self-control of the patients. It can truly be said that the steadfastness and courage of all concerned were on the same high level as those of the civilian population generally throughout those dangerous years.

### Numbers, Accommodation and Movement (Mental Hospitals)

At the end of the 1914-18 war there were over 10,000 vacant beds in the County and Borough mental hospitals, due in part to the fall in total direct admissions during the war and in part to the very high death rate in the later war years. The average annual increase in the numbers during the pre-war decade was approximately 2,000. The post-war increase was so great that by January, 1929, this surplus accommodation together with the additions made during the interim had been absorbed.

During the period 1934-38 preceding the recent war the average annual increase was 801 men, 1,123 women, a total of 1,924. The following table shows the accommodation and the numbers under care at the end of each of the war years together with an indication of the numbers of beds diverted to other purposes and the percentage of overcrowding existing in mental hospitals during the war years.

TABLE I.—ACCOMMODATION AND NUMBERS  
Overcrowding at 31st December, 1938 ... 2,993 ... 2·3 per cent.

31st Dec.	Total Provided (Bed space)	Diverted	Available for M.H. patients	No. of patients under care	Deficiency of Beds	Percentage of overcrowding
1939	133,402	17,204	116,198	132,950	16,752	14·4
1940	133,555	19,626	113,929	132,156	18,227	16·0
1941	133,445	20,478	112,967	129,587	16,620	14·7
1942	132,994	20,502	112,492	127,620	15,128	13·4
1943	133,083	20,343	112,740	127,611	14,871	13·2
1944	132,180	19,981	112,199	127,285	15,086	13·4
1945	132,186	17,020	114,210	127,386	13,176	11·5
		847* 109†				

\* Not in use owing to shortage of staff.

† Re-adaptation following use by E.M.S. not complete.

The fall in the number of patients under care in the war period is due to factors some of which cannot be precisely estimated. The rise in the death rate which occurred in the first three years, though it subsequently declined to the pre-war level, accounts for some of the decrease in numbers under care.

The total number of direct admissions fell during 1940-41 but thereafter resumed an upward trend which is normal in more ordinary times of peace.

It was, however, only in 1945 that the admissions again exceeded those of 1939. The following table shows the direct admissions during the war years.

TABLE 2.—DIRECT ADMISSIONS

Year							M.	F.	T.
Annual average, 1910-1914 ... ..							9,735	10,593	20,328
1915	...	...	...	...	...	...	8,659	10,099	18,758
1916	...	...	...	...	...	...	8,743	9,708	18,451
1917	...	...	...	...	...	...	8,327	9,629	17,956
1918	...	...	...	...	...	...	9,313	10,569	19,882
Annual average 1915-18 ... ..							8,760	10,001	18,761
Annual average 1919-28 ... ..							9,382	11,266	20,648

Year							M.	F.	T.
Annual average 1934-38 ... ..							11,131	14,379	25,510
1938	...	...	...	...	...	...	11,960	15,477	27,437
1939	...	...	...	...	...	...	12,131	15,848	27,979
1940	...	...	...	...	...	...	10,813	14,387	25,200
1941	...	...	...	...	...	...	10,076	13,926	24,002
1942	...	...	...	...	...	...	9,922	14,420	24,342
1943	...	...	...	...	...	...	11,050	15,613	26,663
1944	...	...	...	...	...	...	11,559	16,200	27,759
1945	...	...	...	...	...	...	12,167	17,409	29,576
Annual average 1939-45 ... ..							11,103	15,400	26,503

It is interesting to record that the number of direct admissions in 1945 is 1,597 higher than the highest previously recorded.

But there have been other important changes corresponding to the renewed upward trend of admissions during the war. There has happily been a rise in the discharge rate. In order to illustrate the general trend we append a table showing the numbers of total departures and discharges and expressed as a percentage of direct admissions.

TABLE 3.—DEPARTURES AND DISCHARGES (EXCL. TRANSFERS)  
(Cases discharged on admission as "not now insane" and those discharged after escape (sec. 85) are not included).

Year					M.	F.	T.	Per cent. of direct admissions
1934	...	...	...	...	5,445	7,546	12,991	55.5
1935	...	...	...	...	5,829	8,083	13,912	57.6
1936	...	...	...	...	6,187	8,725	14,912	58.1
1937	...	...	...	...	6,502	9,021	15,523	57.7
1938	...	...	...	...	7,232	9,892	17,124	62.4
Annual average 1934-38 ...					6,239	8,653	14,892	58.4
1939	...	...	...	...	7,803	10,789	18,592	66.4
1940	...	...	...	...	6,285	8,653	14,938	59.3
1941	...	...	...	...	5,940	8,494	14,434	60.1
1942	...	...	...	...	6,391	9,658	16,049	65.9
1943	...	...	...	...	6,917	10,694	17,611	66.1
1944	...	...	...	...	7,567	11,805	19,372	69.8
1945	...	...	...	...	8,031	12,617	20,648	69.8
Annual average 1939-45 ...					6,991	10,387	17,378	65.6



It is impossible to say whether the steadily rising discharge rate is due to improved technique in treatment or to the very large increase in the admissions of voluntary patients following the passing of the Mental Treatment Act in 1930. It is a reasonable assumption that a higher proportion of voluntary patients indicates the tendency on the part of the public to come for treatment at an early stage when the illness is more likely to yield to treatment. The importance of the recovery rate for our present purpose is to show that a rising rate produces a fall in the number of patients resident in hospital.

A point of some interest emerges from the examination of these tables. It has been said that improved conditions of employment leading to prosperity and social ease tend to better mental health. To some extent such conditions existed in the period 1941-45 when the worst stress of war due to enemy action was over for people living outside the Home Counties. The figures, however, give no indication that full employment has led to a decrease of admissions to mental hospitals. It is a fact that in the later years of the war the rate showed a steady rise towards a new record figure. It is difficult to explain the sudden fall in admissions in 1940 continuing in 1941; it is possible that the increases occurring in the subsequent years were due to the effect of prolonged strain.

There are other somewhat uncertain factors to be taken into account. The figures we have quoted refer only to the civilian population and do not include illnesses arising in men and women serving in the Armed Forces. If these were included they would increase the total figures but would not, we think, have prevented a sudden great fall in numbers in the early years of the war; and the sharp upward trend in the later years coincided with a period when the numbers of the Armed Forces were rising to a maximum.

It has been said that in the preparation for war and war work the family will tend to send senile and helpless older members to other care, to the public assistance hospital or to the mental hospital of the district.

An increase in admissions to mental hospitals may occur if the Public Assistance Hospitals for some reason pass on more quickly patients who are under observation for mental illness. We have not been able to detect any such general tendencies during the two wars; unfortunately no accurate figures are available.

We give in table 1 an indication of the extent to which overcrowding became necessary in order to divert bed space for war purposes. The percentages given are averages and do not show the maximum overcrowding in any hospital. As, however, the beds diverted to E.M.S. purposes were divided amongst a large number of hospitals and as the excess patients were distributed between the mental hospitals of the country the burden was evenly distributed; excessive crowding in any one hospital became as unnecessary as it was undesirable. In any event the percentage of overcrowding does not give a clear indication of the conditions existing in the mental hospitals. The possibility of increasing the number of beds depends as much on the design of the buildings and the way in which the day and night space can be rearranged. Some hospitals with 5 per cent. overcrowding seem to be over full and others with 15 or more per cent. seem to carry the load without great disadvantage to nursing and treatment.

The effects of overcrowding are not only physical. When beds are too near to each other and contact between patients during the day is too close, the patient seems to become part of a mass rather than an individual member of a group; physical and mental discomfort is increased and nursing and medical treatment loses much of its value.

We look forward to the time when normal standards of accommodation are again available for all classes of patients.



## Dietary

In common with the general public the patients in mental hospitals are subjected to the rationing of food and to the limitation of supply arising from shortages and difficulties in distribution.

The dietary situation during the early period of the war was a difficult one because problems of supply made it impossible to adhere strictly to routine dietaries, and the introduction of rationing raised new catering problems which could not be solved at once. Points rations were not always easy to obtain, and in many hospitals it had not been realised that in order to secure an adequate balanced diet the full and proper use of food obtainable on points was essential. During 1941 the Board made every effort to obtain priority for the supply of milk to certain classes of patients in mental hospitals, particularly for recent cases, the physically sick, the senile and infirm, and in Mental Deficiency Institutions for low grade patients for whom food extras were thought to be necessary. By the Milk (Scheme of Supply) Order, 1941, however, mental hospitals were specifically excluded from the benefits accruing to other hospitals and priority establishments and were therefore entitled to the priority supply of one pint of milk per day only for those patients suffering from certain specified physical diseases.

The general effect of rationing soon became evident in the loss of weight amongst the population in hospitals as well as in the community. In 1941 the matter was investigated with a view to determining whether the loss of weight by patients in mental hospitals during the war exceeded the losses occurring during the pre-war period. In seventeen hospitals the weight records between September 1937 and September 1941 were examined. The figures indicated that the loss of weight during the period 1939-41 had been very considerably greater than in the 1937-1939 period and affected quite three-quarters of the patients who had been in the hospital during the whole time. This is not quite so bad as it sounds: the peace-time figures show that normally 45 to 50 per cent. of the patients tend to lose weight over a period of two years. As the test was carried out only on patients who had been in hospitals at least four years the group was a selected one consisting entirely of patients whose illness was prolonged.

Hospitals were divided into two groups depending upon whether or not they were overcrowded as it was thought that overcrowding in itself may have had some affect on the physical welfare of the patients in hospital. Comparison of the records of loss of weight showed that the degree of overcrowding existing at the time made no difference to the proportion of patients who lost weight. At a later date a local investigation was carried out by Dr. Nicole at the Winwick Mental Hospital. The results indicated that from 1942 onwards the situation righted itself; the proportion of patients losing weight did not differ widely from the figures for the period 1937-39. The recovery was due we believe to the changes introduced in the latter half of 1941 as a result of which the food situation improved, and also because we became food conscious and much was done to improve the quantity and the balance of the diet.

In 1941 the Board with the assistance of the Ministry of Health were able to undertake a detailed analysis for hospitals who wished to have their diets investigated. An analysis of the dietaries of some two-thirds of the one hundred mental hospitals in this country was carried out during the recent war. Each hospital publishes an official dietary with menus running a three or four weeks' rota. As these dietaries gave an incorrect and exceptionally rosy picture of the situation it was decided to make the analysis on the basis of the actual issues of foods to the kitchen or to the wards as recorded in the weekly issue books of the stores department. Analysis was made of the bulk issue for ordinary diets to all the patients covering a period of four consecutive weeks.



Extra food given to workers and special food issued to patients who were physically ill or for other reasons required it were treated separately. Due allowance was made for wastage during the preparation and cooking. It is likely that an extensive sample analysis of the food served at table would have given more reliable results, but with the facilities available we could not adopt this more scientific method. Of the 83,000 patients some 63 per cent. received the ordinary diet of the hospital without extras. The mean value of this ordinary diet was 2,360 calories per day ranging from 1,951 to 2,731. No separate account was taken of men and women and it can be assumed that the proportion served for men would be slightly higher than for women. However this gives no clear indication of the intake of the individual; the population is made up of the physically active ranging from adolescence to extreme old age. As non rationed foods would be distributed according to needs it would be assumed that the young and vigorous were given a larger share than the old and weak. No patient in this latter group would be engaged in hard physical work, most of them would live an entirely sedentary life and some even a vegetative existence.

The smaller group of patients, 27 per cent. of the whole, include those who are engaged in active occupations and to whom extra food is given as a snack in mid-morning. The proportion of patients given a supplement varied widely; in one hospital as many as two-thirds of the hospital population were receiving lunch. The mean for sixty-six hospitals was 290 calories per day for each patient of the group.

The physically and mentally ill who received additions or food in substitution for ordinary diet represent about 10 per cent. of the population of the hospital. Here again the proportion varied within very wide limits. As it did not seem relevant to the main issue this part of the dietary was not subjected to analysis.

The supply of vitamin A is obtained largely from fats, milk, growing vegetables, eggs and carrots. The normal requirements according to the League of Nations standard is 3,000 international units per day per patient. For our group of mental hospitals the mean figure of 2,100 I.U. per day showed that in most hospitals the supply of vitamin A was below the optimum level. It seemed to us that these deficiencies could be made up only by making the best use of carrots and yellow vegetables. The deficiency could be made good by the use of an average of about  $\frac{1}{2}$  lb. carrots per person per week. Carrot is not available in every week of the year, but as vitamin A can be stored in the liver for considerable periods, irregularity of supply is not a matter of vital importance.

One of the features of the diets in mental hospitals was the increase during the war in the supply of potatoes and in the use of leafy, yellow and green vegetables obtained from the hospital farm. The mean value of the vitamin C obtained largely from potatoes and vegetables was 58 mg. per day, but owing to losses during cooking and preparation it is likely that the mean value of the vitamin C. received by patients did not exceed 30 mg. per day. It follows then that in half the hospitals the amount of vitamins included in the food was less than the optimum standard of 30 mg. set up by the League of Nations Committee.

There is an important difference between the food issued to the general population and that supplied to the mental hospital. The maintenance of a satisfactory level of calories and vitamins in the United Kingdom diets during the war has involved a substantial increase in the use of cereals and potatoes. In 1943 this contributed 43 per cent. of the total caloric supply compared with 34 per cent. before the war. For the mental hospital, however, the present



figure is between 50 per cent. and 60 per cent., the increased consumption being due largely to potatoes and vegetables. There is no indication that the carbo-hydrate intake is too high though it is probable that such a diet tends to be more monotonous than one with a higher proportion of proteins and fats, but potatoes and green vegetables are a rich source of vitamin C. and growing vegetables contain vitamin A.; in this respect the hospital diet has the advantage.

The caloric value of the food supplied to the people of this country before the war was about 3,000 per day. In 1939-41 there was a sharp fall in the meat, visible fats, sugar and fruit which greatly reduced the palatability as well as the nutritional value of food. From the end of 1941 the figures showed an improvement and from then onwards the caloric value of the food supplied for the general population was about 2,800. These figures do not represent the actual intake of food but of food issued for consumption. The loss of weight and the standard of food issues suggests that the reduction of food supplies showed itself in a loss of weight amongst the hospital population—at least that part of it represented by patients undergoing prolonged treatment. The recovery from 1942 onwards is parallel to a better food situation and an improved knowledge of dietetics. The analysis carried out by the Board enabled a large number of hospitals to make changes in their diets, particularly to improve the supply of vitamins C. and A. On the whole the diet situation from 1942 onwards was satisfactory. There were, however, frequent complaints of lack of variety, a fault which, in wartime, it was difficult to remedy. Ordinary members of the community were able to obtain odds and ends of food which were not available in the quantities required for issue as part of the diet of a large group.

Several sample investigations were made to discover whether the dietary situation during the war had led to deficiency diseases amongst the patients. It is not possible here to give any details of these observations but on the whole it was evident that the diet deficiencies on any considerable scale did not exist and that some diseases such as pellagra were not more common than in pre-war years.

### Health

It is now possible to consider the effect food may have had on the health of the patients as indicated by the death rate in mental hospitals.

We have lived through two great wars and an examination of the death-rates in hospitals during these periods will be of interest. The mean death-rate in mental hospitals for the five-year period 1910-1914 was 96 per thousand, and the death-rate during the years 1915-21 given in the table below might be compared with this pre-war figure. The table also gives similar data for the years around the war 1939-45.

*Deaths per thousand*

		General population	Mental Hospitals			General population	Mental Hospitals
1910-14	...	13.8	96	1935-39	...	12.1	68.5
1915	...	15.7	121	1940	...	14.4	82.6
1916	...	14.3	126	1941	...	13.15	91.7
1917	...	14.2	176	1942	...	12.3	79.9
1918	...	17.3	203	1943	...	13.0	69.8
1919	...	14.0	129	1944	...	12.7	69.0
1920	...	12.4	87	1945	...	12.6	68.4
1921	...	12.1	84				



A comparison between the two sets of figures shows very marked differences. During the period 1915-18 there was a progressive rise in the mental hospital death-rate throughout to a maximum in 1918 of 111 per cent. over the pre-war quinquennial rate. The abrupt fall in the death-rate in 1919 and the further reduction in 1920 to a figure well below the 1910-14 rate shows that conditions improved rapidly after the war, and that within a year they were normal again.

During the recent war, the death-rate increased in 1941 to a rate which was 33 per cent. higher than the pre-war average, and thereafter slowly fell to a figure which in 1945 was below the rate for 1935-39, i.e., 68.4 compared with 68.5. The figures for men and women are given separately in the second table; they show that for women the rate fell in 1943 to 64 per 1,000 which, excepting for the years 1930 (60.6) and 1938 (61.8), is the lowest ever recorded. It is noteworthy that this occurred at a period when the shortage of female nurses was greater than at any time during the century.

*Proportion per cent. of deaths to average number resident*

				Male	Female	Total
1937	...	...	...	7.09	6.94	7.0
1938	...	...	...	6.82	6.18	6.47*
1939	...	...	...	7.65	6.86	7.21
1940	...	...	...	8.66	7.94	8.26
1941	...	...	...	10.40	8.21	9.17
1942	...	...	...	8.81	7.36	7.99
1943	...	...	...	7.74	6.40	6.98
1944	...	...	...	7.49	6.46	6.90
1945	...	...	...	7.24	6.54	6.84

\* Lowest ever recorded.

If we consider the factors which might have affected the death-rates during the two wars we find that during both periods there were certain common stresses and strains.

Overcrowding occurred in the early years in both periods. During the first Great War, however, the numbers fell rapidly so that overcrowding generally ceased to exist during the later years. When this is compared with the deficiency of beds shown in Table 1 (p. 11) it will be obvious that in the second Great War the overall crowding was greater.

Similarly black-out restrictions were more severe in the period 1939-45 and undoubtedly resulted, compared with 1914-18, in a lower standard of ventilation in bedrooms and dormitories.

If shortage of staff had been an important factor in determining the death-rate it would have showed results in the women's side of our mental hospitals during the past three years. Though we are unable to quote exact figures for the period 1914-18 we are assured that at no time during the 1914-18 war was the staff shortage on the female side as acute as it has become during this last period when so much woman-labour was diverted to factories producing munitions of war.

Enemy action and the disturbance to patients caused by "alerts" undoubtedly produced abnormal conditions, and we can agree that on the whole the stress during 1940-41 particularly in certain areas in the East and South, was greater than that caused by Zeppelin raids in 1914-18.

On the whole, then, it would seem that the stresses in the recent war were more severe, due to equal, if not greater, overcrowding, stricter black-out regulations, inferior ventilation at night, greater shortage of both male and female staff, and much mental and physical strain arising from enemy action



by night. The causes of the high death-rate in the 1914-18 period were the subject of an investigation by the Board of Control. They concluded that the unavoidable reduction in quantity and deterioration in quality of the food supplied to patients (especially in regard to flour) were the main factors in determining the increase in sickness and corresponding increase in death-rates among patients in institutions for the insane and defective; but that, had the diet been normal, there would still have been a considerable rise over pre-war rates due to other war conditions. The conditions referred to were the lower physical condition and greater age of patients admitted, the impairment of staff efficiency, transfer of patients from one mental hospital to another, and overcrowding combined with bad ventilation.

From the comparisons we have made it can be inferred that the conditions in the recent war were the more onerous. Reference to the table on p. 16 however, shows that the death rate in the 1914-18 period was about twice as great, and one is tempted to suggest, and there is much evidence of it, that the improved welfare of the patients was largely the result of an improved and better balanced diet.

The death rate from tuberculosis during the war years is indicated below :—

*Tuberculosis*

Year	Fresh Cases (all forms)		Deaths (all forms)	
	No.	Ratio per 1,000 resident	No.	Ratio per 1,000 resident
1938 ... ..	761	5.7	500	3.8
1939 ... ..	743	5.6	541	4.1
1940 ... ..	851	6.4	751	5.7
1941 ... ..	1,474	11.3	1,138	8.7
1942 ... ..	1,375	10.8	1,151	9.0
1943 ... ..	1,269	9.9	853	6.7
1944 ... ..	1,143	9.0	773	6.1
1945 ... ..	914	7.2	632	5.0

It was to be expected that the tuberculosis ratio would rise with overcrowding and after the war might not fall back to its pre-war level until overcrowding ceased. Tuberculosis, however, has received much attention during the past few years. The intensive use of X-ray apparatus in diagnosis has brought to light many cases which would otherwise have been discovered at a later stage. For this reason returns for future years may show a lower death rate relative to the incidence of cases arising in the hospital.

The death rate from dysentery follows a course similar to deaths from all causes, an increase from 1939 to 1941 and thereafter a quick return to the 1938 level. The death rate from dysentery in mental hospitals is now 0.2 per thousand patients. There was a slight increase during the war in the number of cases of typhoid but there were no serious epidemics.

### Numbers, Accommodation and Movement (Mental Deficiency)

In 1938 there were 337 vacant beds in the State institution (Sec. 35) and in certified institutions (Sections 36 and 37 of the Mental Deficiency Act, 1913) or 0.8 per cent. of the total number. By 1943, the peak year as regards overcrowding, 5,926 beds had been diverted for E.M.S. purposes, creating an average overcrowding of 14.0 per cent. in all these certified institutions. During the past three years the position has improved slightly as some E.M.S. beds have been released.



The number of beds provided and the extent of the overcrowding are shown in the following table :—

On January 1st					Accommodation provided (Sections 35, 36 and 37)	Patients on books	Excess or deficiency
							Per cent.
1938	...	...	...	...	42,503	42,166	+ 0·8
1939	...	...	...	...	44,691	43,923	+ 1·7
1940	...	...	...	...	41,813	45,420	— 8·6
1941	...	...	...	...	42,507	46,280	— 8·9
1942	...	...	...	...	43,431	46,960	— 8·1
1943	...	...	...	...	42,415	48,337	—14·0
1944	...	...	...	...	43,106	49,111	—13·9
1945	...	...	...	...	44,284	49,985	—12·9
1946	...	...	...	...	46,174	50,746	— 9·9

In all institutions and homes certified or approved by the Board there were on January 1st, 1946, 49,062 beds provided for mental defectives as compared with 45,717 in 1939; 2,127 of these are still diverted for other purposes, so that the increase in beds available over the whole seven year period is only 1,218 or 174 a year as compared with 15,039 or 2,148 a year during the preceding seven year period, 1932 to 1938.

At the beginning of 1939 statutory approval had been given to 29 schemes providing for 7,897 beds in existing colonies. In addition 15 schemes submitted by local authorities or joint boards had been approved in principle for the provision in new or existing colonies of 5,705 more beds. Building was completed during the war providing 4,536 beds many of which were at once diverted for other purposes or remained unused owing to lack of nursing staff. The schemes approved only in principle lapsed completely.

The above figures show the leeway that has to be made up. Even before the outbreak of war there was a recognized shortage of beds in certified institutions and although most local authorities were proceeding with plans to meet their needs, several had still made no provision for their defective population. During the past seven years the shortage has become increasingly acute. Unlike psychotics, defectives often show no dramatic need for institutional care. They can remain at home without apparent failure but in many cases only at the expense of much suffering to themselves, to their families and to the community. Social and domestic damage is especially apparent in the case of court cases and of low-grade defectives, many of whom have now to be left in the community without the needed institutional training and control.

In 1944 the Central Association for Mental Welfare (afterwards the Provisional National Council for Mental Health) opened experimentally an Agricultural Hostel to meet the great need for workers on the land and also to help to relieve congestion in institutions. This proved successful and seven more hostels were opened before the end of 1945. The administration of the Hostels and the selection of patients admitted on licence from certified institutions was undertaken by the Provisional National Council in conjunction with the Agricultural Executive Committee of the districts which made all arrangements for the men's employment by local farmers. In all 275 beds were provided in this way and the patients' work proved to be of real value on the land.

Eight emergency homes for children were also established during the war, four by the Provisional National Council for children attending occupational centres and evacuated from danger areas and one to relieve over-crowding in a mental deficiency colony. One was conducted by a Voluntary Association

in Lancashire, one by the Essex County Council and one privately for similar groups of children. At the end of 1945, five of these were still functioning.

### Admissions and Discharges

Direct admissions to State and Certified Institutions provided under the Mental Deficiency Act fell from 2,997 in 1938 to 2,336 in 1945. This fall was, without doubt, due to the shortage of beds, as every local authority still reports a long waiting list of patients in urgent need of institutional care. The following table shows the variation in admissions to these institutions during the twelve years 1934 to 1945 and also the total number of patients admitted under sections 8 and 9 of the Mental Deficiency Act to all institutions and to guardianship.

Particulars of the direct admissions to guardianship and to public assistance institutions and public health general hospitals approved under section 37 of the Mental Deficiency Act, 1913, are not available.

### Direct Admissions

[illegible]

The increase in the number of cases admitted under sections 8 and 9 is of interest ; the percentage of all such cases of the total number in all Institutions or under guardianship under the Mental Deficiency Acts fell until 1940, but has risen rapidly in the last few years. This may be partially due to the increased number of children for whom institutional care cannot be provided and who are growing up without training or adequate home care.

Year	Total of Sections 8 and 9 cases in Institutions and under Guardianship	
	Number	Percent. of total patients under care
1934 ... ..	3,597	9·99
1935 ... ..	3,754	9·73
1936 ... ..	4,017	9·75
1937 ... ..	4,187	9·56
1938 ... ..	4,385	9·50
1939 ... ..	4,558	9·44
1940 ... ..	4,651	9·31
1941 ... ..	4,750	9·35
1942 ... ..	4,992	9·70
1943 ... ..	5,209	9·87
1944 ... ..	5,493	10·23
1945 ... ..	5,840	10·70
1946 ... ..	6,055	10·94



Discharges for the past 11 years show a sudden rise in 1938 due probably to a change in the policy of the Board and of Local Authorities ; a rapid rise in 1939 when patients from Institutions were being evacuated to make room for E.M.S. requirements ; the numbers fell in the early years of the war but rose again in 1943 when pressure on institutional accommodation was at its peak.

The numbers for the past eleven years are shown below :—

Year	Discharges	Year	Discharges
1935 ... ..	303	1941 ... ..	846
1936 ... ..	384	1942 ... ..	815
1937 ... ..	506	1943 ... ..	1,001
1938 ... ..	755	1944 ... ..	940
1939 ... ..	1,025	1945 ... ..	921
1940 ... ..	819		

### Ascertainment and Community Care of Mental Defectives during the War

The number of mental defectives reported to Local Authorities which during the period preceding the outbreak of war showed a continuous yearly increase, was checked in 1939, dropped slightly in 1940, 1941 and 1942, and during the past two years has regained its pre-war level. The number reported to local authorities on January 1st, 1946, was 3·19 per thousand of the population as compared with 3·15 per thousand in 1939 and 3·03 per thousand in 1943.

This check on progress was unavoidable and can be attributed to various causes such as shortage of staff, transport difficulties, evacuation, lack of beds in certified institutions and to the state of the labour market which enabled defectives who had never before earned to become self-supporting.

The following figures show the position since 1930 :—

On 1st January	Ratio per 1,000 of the population	
	Total reported	Ascertained to be " Subject to be dealt with "
1930 ... ..	1·81	1·17
1932 ... ..	2·44	1·72
1934 ... ..	2·65	1·95
1936 ... ..	2·88	2·09
1938 ... ..	3·07	2·26
1939 ... ..	3·15	2·33
1940 ... ..	3·20	2·39
1941 ... ..	3·18	2·37
1942 ... ..	3·09	2·31
1943 ... ..	3·03	2·31
1944 ... ..	3·07	2·34
1945 ... ..	3·15	2·40
1946 ... ..	3·19	2·41

The numbers of defectives under care in the community increased slightly since 1939 but at a slower rate than during the pre-war years. The increased

numbers sent out on licence may be partly due to the acute shortage of institutional accommodation and, for the same reason, many defectives in urgent need of institutional care and training have of necessity been left in the community.

The figures since the year 1930 are as follows :—

On 1st January	Under statutory care in the community					Under voluntary supervision
	On licence from institutions	Under guardian- ship	Under statutory supervision	Total	Ratio per 1,000 of population	
1930 ...	1,300	1,591	22,706	25,597	0.65	20,032
1937 ...	3,023	3,729	36,307	43,059	1.06	25,048
1939 ...	3,107	4,531	39,009	46,647	1.14	26,006
1940 ...	3,427	4,723	39,848	47,998	1.16	25,739
1942 ...	4,014	4,830	36,852	45,696	1.10	24,368
1944 ...	4,835	4,668	39,824	49,327	1.19	23,994
1946 ...	5,286	4,678	41,804	51,768	1.25	23,862

Community training has suffered severely during the war and is only now beginning to recover. Centres for training can exist only in populated districts ; many were in evacuation areas and in towns which suffered heavily during the various phases of air warfare. Some closed down altogether, some were evacuated with staff and children to residential quarters in the country ; others remained open and carried on through alerts and raids as long as any defectives remained to be cared for. Home training has proved to be a valuable wartime substitute but in towns the advantages lie with centres. The essential part they play is confirmed by the demand for their re-opening made not only by the parents and the public but by the defectives themselves.

The following Table shows the pre-war rise in the numbers of centres and numbers on the registers, the subsequent drop and the present slow tendency to recovery.

1st January				Centres	Clubs	On registers
1929	...	...	...	121	—	1,536
1933	...	...	...	172	8	3,494
1939	...	...	...	178	13	4,244
1940	...	...	...	88	4	3,137
1941	...	...	...	94	4	2,335
1942	...	...	...	90	2	2,164
1943	...	...	...	91	2	1,909
1944	...	...	...	88	2	2,298
1945	...	...	...	88	2	2,258
1946	...	...	...	87	1	2,431

### Board's Evacuation to St. Annes-on-Sea

Prior to the outbreak of war it had been decided by the Government that in the event of hostilities certain Departments, among them the Board, should be evacuated to the provinces. Accordingly on the 27th October, 1939, the Board removed to St. Annes-on-Sea, the bulk of its current files being taken to Manchester owing to lack of space for them at St. Annes, an inconvenient arrangement, but inevitable in the circumstances.

It was recognised that an office in London would remain a necessity ; and a few rooms were therefore provided for the use of officers visiting London and for the purpose of conferences and interviews with representatives of



other Government Departments and local authorities for whom a visit to St. Annes was inconvenient or impossible. With the cessation of hostilities and resumption of normal activities the continued location of the Board at St. Annes which was at all times highly inconvenient became increasingly inimical to the efficient discharge of the Board's functions. The increasing reluctance of persons desiring to meet the Board to undertake the journey to St. Annes, the difficulty of maintaining proper contact with other Departments, and the frequency with which members and senior officers of the Board had to be in London made it obvious that the work of the Board could not be done at St. Annes ; and in the summer of 1945 we made urgent representations that the Board's office should return to London.

### **After-care and Resettlement of ex-members of H.M. Forces and members of the Mercantile Marine**

In 1943 the Board initiated discussions with the War Office and at their request the Board organized a scheme for providing after-care for ex-service patients discharged from special hospitals and E.M.S. centres on account of psychiatric disability. In 1944 merchant seamen were included in the scheme. The organisation of this specialised form of after-care including rehabilitation in industry, called for co-operation between the Services and the Ministry of Pensions, the Ministry of Labour and the Ministry of Health. It called also for immediate and practical help from an organisation able to command the services of psychiatric social workers all over the country. The Board therefore approached the Provisional National Council for Mental Health which, with the assistance of the Mental After Care Association, undertook the whole of the field work.

The scheme was designed as a temporary measure to meet the immediate needs of men and women discharged from the Services in their re-adjustment to civilian life. Normally, it is hoped, this help will be given through local mental health services available for all civilians. In anticipation of the time when this may be practicable, Local Authorities, Mental Hospital Committees, Service Welfare Associations and voluntary bodies concerned with mental health were asked to give all the immediate help in their power to the Provisional National Council in the medical and social after-care of Service patients.

The Provisional National Council has arranged for patients in hospitals and centres coming within the scheme to be visited by a trained social worker before discharge. Notification of discharges with reports are sent through the Board of Control to the Provisional National Council whose regional after-care officers, appointed for the purpose and working in close contact with the Ministry of Pensions and the Ministry of Labour, undertake after-care in the area to which the man or woman is discharged. No patient is referred to the Board unless in the opinion of the Officer Commanding he needs after-care and has expressed willingness to receive it.

Reports have been received from the Provisional National Council up to September, 1945. The total numbers referred during the three six-monthly periods up to that date are as follows :—

Referred January 1st to March, 1944	...	...	...	555
Referred March to September, 1944	...	...	...	1,854
Referred September, 1944, to March, 1945	...	...	...	3,564
Referred March, 1945, to September, 1945	...	...	...	1,874
				<hr/>
Total referred up till September, 1945	...	...	...	7,847
				<hr/>



As new cases are referred others whose needs have, as far as possible, been met are closed down but in 1945 the burden of work was still increasing as the numbers in which no further action is required did not yet equal the number of new cases referred. The numbers of active cases brought forward at the beginning of each period are :—

March, 1944	...	...	...	...	...	...	453
September, 1944	...	...	...	...	...	...	1,961
March, 1945	...	...	...	...	...	...	2,786
September, 1945	...	...	...	...	...	...	3,182

Some 75 per cent. of these men and women were referred from the specified hospitals or centres through the Board of Control to the Provisional National Council. The remainder are ex-service patients referred by the Ministry of Pensions, Ministry of Labour or others to the Provisional National Council on account of psychiatric disability or subnormal mentality though they did not actually come within the original terms of the Board's scheme.

During the first two complete years that the scheme has been in operation the numbers referred by the different Services through the Board are as follows :—

					1944	1945
Army	...	...	...	...	1,706	1,415
A.T.S.	...	...	...	...	49	66
Navy	...	...	...	...	267	426
W.R.N.S.	...	...	...	...	9	28
R.A.F.	...	...	...	...	456	368
W.A.A.F.	...	...	...	...	120	64
Merchant Navy	...	...	...	...	2	7
Officers	...	...	...	...	28	73

The Ministry of Labour collaborated closely in the organisation of the scheme and contact with employment exchanges continues to form an important part of the regional after-care officers' work. Consultations with Ministry of Labour officials during the year March, 1944-1945, took place in 43.5 per cent. of the total number of cases dealt with. Of the patients in work slightly less than half found it through employment exchanges and the remainder by reinstatement or by their own effort. During the period March to September, 1945, 195 patients (4.7 per cent.) received training in Government Training Centres as compared with 2.8 per cent. in the former 6 months.

The scheme could be extended and help given to other members of the Forces were it not for the shortage of psychiatric social workers trained to handle the delicate and involved problems connected with mental disabilities. In spite of the appointment by the Provisional National Council of more clerical and administrative help in the twelve regions and the organisation of a three months' course at the head office in London for the training of suitable social workers to act as assistants to regional after-care officers, the shortage of personnel remains the limiting factor in the scheme.

Valuable help is given locally by statutory and voluntary bodies and in a few areas now the psychiatric services are so developed as to allow Local Authorities to take over through normal channels the medical and social after-care of discharged members of the Forces. It remains generally true, however, that the lack of fully organized local facilities makes a centralized scheme for this work still necessary over the greater part of England and Wales.



## SECTION II

### I. MENTAL DISORDERS

(Lunacy and Mental Treatment Acts, 1890 to 1930)

#### Numbers under Care

At the end of the year 1945 the total number of persons suffering from mental disorder notified as under care in England and Wales was 146,027, a decrease during the year of 241 (males 6, females 235) compared with a decrease of 1,289 during 1944. The average annual decrease for the five years ended 31st December, 1945, was 1,827; this may be contrasted with an average annual increase for the pre-war quinquennium (1934-38) of 1,691.

The distribution of the sexes—males 42·8, females 57·2 per cent.—shows an increase of 0·1 in the proportion of males, while the average for the pre-war quinquennium was : males 44·3, females 55·7 per cent.

#### Class, Status and Distribution

##### *Class (Private, Rate-aided, Criminal)*

*Private* patients at the end of 1945 numbered 13,568 (males 7,277, females 6,291). Voluntary patients increased by 146 and temporary by 2, while the certified decreased by 20, making a net increase of 128 in this class. Included here are 3,993 Service and Ex-Service patients, 63 more than a year ago.

Patients in the Naval and Military Hospitals (R.N. Auxiliary Hospital, Lancaster, 181; Royal Victoria Hospital ("D" Block), Netley, 31) are included among the private patients as are the 20 persons found of unsound mind by inquisition who were resident in institutions. There were in addition 24 persons (males 11, females 13) so found by inquisition who, not being resident in institutions, are not notified to us and so do not fall within the scope of our statistics. The total number of these inquisition cases, which thirty years ago exceeded 400, continues to show a steady decrease year by year.

The sex distribution of the private patients was : males 53·6, females 46·4 per cent.; but if the Service and ex-Service patients are excluded, as is advisable if it is desired to draw conclusions from such proportions, the percentages become : males 34·6, females 65·4.

*Rate-aided* patients on the same date numbered 131,576 (males 54,551, females 77,025), or 90·1 per cent. of all the notified patients. Voluntary cases increased by 788 and temporary by 39 while the certified fell by 1,223, resulting in a net decrease of 396 in this class.

The sex distribution of the rate-aided patients was : males 41·5, females 58·5 per cent.; or, if the Service and Ex-service patients are included, males 43·2, females 56·8 per cent.

*Criminal* patients numbered 883 (males 684, females 199), an increase of 27 during the year.

*Transfers from Class to Class.*—During the year 1,125 rate-aided patients (males 750, females 375) were transferred to the private class, 301 private patients (males 172, females 129) were transferred to the rate-aided class, and 26 criminal patients were retained and classed as rate-aided patients on the expiry of their sentences or on their discharge from the criminal class by warrant of Secretary of State.

*Status (Voluntary, Temporary, Certified)*

At the end of 1945 the following patients of each status were under care :—

Status	Males	Females	Total
Voluntary     ...     ...	6,618	8,947	15,565 (10·7%)
Temporary     ...     ...	111	304	415 (0·3%)
Certified     ...     ...     ...	55,783	74,264	130,047 (89·0%)

*Regradings to another Status.*—During the year there were 1,530 changes in status within the institutions, as follows :—

From	To Voluntary	To Temporary	To Certified
Voluntary     ...     ...	—	25	329
Temporary     ...     ...	447	—	136
Certified     ...     ...     ...	558	35	—



Summary of Persons Suffering from Mental Disorder, 1st January, 1946

A.—Arranged according to Class

WHERE MAINTAINED On 1st January, 1946	PRIVATE			RATE-AIDED			CRIMINAL			TOTAL		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
In Institutions provided by Local Authorities :—												
County and Borough Mental Hospitals ... ..	5,262	2,883	8,145	49,383	69,802	119,185	42	14	56	54,687	72,699	127,386
Other Premises ... ..	2	6	8	31	45	76	—	—	—	33	51	84
In Registered Hospitals ... ..	905	1,588	2,493	—	—	—	—	—	—	905	1,588	2,493
In Licensed Houses :—												
Metropolitan ... ..	276	571	847	—	3	3	—	—	—	276	574	850
Provincial ... ..	584	1,118	1,702	49	42	91	—	—	—	633	1,160	1,793
In Hospitals and Nursing Homes approved under the Mental Treatment Act :—												
Hospitals ... ..	—	—	—	—	—	—	—	—	—	—	—	—
Nursing Homes ... ..	8	42	50	—	—	—	—	—	—	8	42	50
In Naval and Military Hospitals ...	212	—	212	—	—	—	—	—	—	212	—	212
In Criminal Lunatic Asylum (Broadmoor) ... ..	—	—	—	1	—	1	642	185	827	643	185	828
In Public Assistance Institutions and Public Health General Hospitals ... ..	—	—	—	4,331	5,779	10,110	—	—	—	4,331	5,779	10,110
In Private Single-Care ... ..	28	83	111	—	—	—	—	—	—	28	83	111
In Outdoor Relief ... ..	—	—	—	756	1,354	2,110	—	—	—	756	1,354	2,110
Total ... ..	7,277	6,291	13,568	54,551	77,025	131,576	684	199	883	62,512	83,515	146,027
Decrease during 1945 { Private ... Rate-aided ... Criminal ... Total ...	Males	Females	Total	Average Annual Decrease in the five years 1941-1945 inclusive. { Private ... Rate-aided ... Criminal ... Total ...								
	158*	30	128*									
	190	206	396									
	26*	1*	27*									
			241									

\*Increase.

Summary of Persons Suffering from Mental Disorder, 1st January, 1946

B.—Classified According to Status

WHERE MAINTAINED On 1st January, 1946	VOLUNTARY			TEMPORARY			CERTIFIED			TOTAL	
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females
In Institutions provided by Local Authorities:—											
County and Borough Mental Hospitals ... ..	5,986	7,564	13,550	107	274	381	48,594	64,861	113,455	54,687	72,699
Other Premises ... ..	33	51	84	—	—	—	—	—	—	33	51
In Registered Hospitals ... ..	345	691	1,036	3	13	16	557	884	1,441	905	1,588
In Licensed Houses:—											
Metropolitan ... ..	103	209	312	—	4	4	173	361	534	276	574
Provincial ... ..	142	387	529	1	12	13	490	761	1,251	633	1,160
In Hospitals and Nursing Homes approved under the Mental Treatment Act:—											
Hospitals ... ..	—	—	—	—	—	—	—	—	—	—	—
Nursing Homes ... ..	8	41	49	—	1	1	—	—	—	8	42
In Naval and Military Hospitals ... ..	—	—	—	—	—	—	212	—	212	212	—
In Criminal Lunatic Asylum (Broadmoor) ... ..	—	—	—	—	—	—	643	185	828	643	185
In Public Assistance Institutions and Public Health General Hospitals ... ..	—	—	—	—	—	—	4,331	5,779	10,110	4,331	5,779
In Private Single-Care ... ..	1	4	5	—	—	—	27	79	106	28	83
In Outdoor Relief ... ..	—	—	—	—	—	—	756	1,354	2,110	756	1,354
Total ... ..	6,618	8,947	15,565	111	304	415	55,783	74,264	130,047	62,512	83,515
Of Total { Private ... ..	1,019	2,043	3,062	17	56	73	6,241	4,192	10,433	7,277	6,291
{ Rate-aided ... ..	5,599	6,904	12,503	94	248	342	48,858	69,873	118,731	54,551	77,025
{ Criminal ... ..	—	—	—	—	—	—	684	199	883	684	199

These persons are not classifiable under the above headings but for convenience are included among the certified.



*Distribution*

The distribution of all patients at the end of the year 1945 may be seen by reference to the two summaries (A and B) on pages 27 and 28, but it may be pointed out that 87 per cent. of them were resident in county and borough mental hospitals.

*Movement of Patients*

*Admissions, Discharges, Transfers to other Care and Deaths in 1945.*—Owing to the absence of detailed information of the movement of persons suffering from mental disorder in public assistance institutions and public health general hospitals and of those in receipt of outdoor relief, particulars of the persons in these forms of care are not included; and it is for this reason that the total number under care (page 25) differs from the number remaining at the end of the year as given below.

The following statement includes patients of each status (voluntary, temporary, certified) :

Resident on 1st January, 1945	...	...	...	...	...	...	133,578
Direct admissions	...	...	...	...	...	...	33,961
Indirect admissions (excl. regradings)	...	...	...	...	...	...	2,335
							<hr/>
							169,874
							<hr/>
Discharged and Departed—							
Recovered	...	...	...	...	...	...	11,271
Relieved	...	...	...	...	...	...	10,128
Not improved	...	...	...	...	...	...	2,801
By operation of law*	...	...	...	...	...	...	279
“ Not now insane ”	...	...	...	...	...	...	12
Transferred (under Order) to other care	...	...	...	...	...	...	2,205
Died	...	...	...	...	...	...	9,371
Remained at end of year	...	...	...	...	...	...	133,807
							<hr/>
							169,874
							<hr/>

The *daily average number resident* was 132,871 (males 56,988, females 75,883), the proportion of those resident in institutions provided by local authorities being 95·3 per cent.

*Direct admissions* during 1945 numbered 33,961 (males 13,830, females 20,131) of whom 87·9 per cent. were admitted to institutions provided by local authorities. The number and percentage of these admissions in each status were—voluntary 17,210 (50·7); temporary 1,386 (4·1); certified 15,365 (45·2).

Among these admissions there were probably a number for whom certification might have been avoided if fuller use had been made of Section 5 of the Mental

\* By reason of irregular admission documents, the lapsing of reception orders (Sec. 38, Lunacy Act, 1890 and Sec. 7, Lunacy Act, 1891) or discharge after absconding (Sec. 85, Lunacy Act, 1890).

Treatment Act, 1930. The proportion received in the voluntary status, which ten years ago was 29·4 per cent., shows a gratifying tendency to increase.

*First admissions* numbered 24,281 (males 9,925, females 14,356), or 71·5 per cent. of all direct admissions; the average annual percentage for the ten years before the operation of the Mental Treatment Act, 1930, was 80·4.

*Discharges and Departures* (i.e., certified and temporary patients discharged and voluntary patients who departed from statutory care as recovered, relieved or not improved) numbered 24,200 (males 9,341, females 14,859).

Calculated on the direct admissions the percentage of patients discharged or departed as recovered or relieved was 63·0 (males 58·6, females 66·0) while for recoveries alone the percentage was 33·2 (males 28·1, females 36·7). For the total absolute discharges and departures (including those not improved, those discharged on admission as "not now insane" and the 150 patients discharged after absconding) the percentage was 71·7, compared with an average for the preceding quinquennium of 66·8; the average annual percentage for the five years before the operation of the Mental Treatment Act, 1930, was 48·3.

*Deaths* numbered 9,371 (males 4,189, females 5,182), a reduction of 95 compared with the previous year. The death rate per cent. of the daily average number resident was 7·05, being 0·04 below the rate for 1944; the rate for males was 7·35 and for females 6·83. The average rate for the pre-war quinquennium (1934-38) was 6·81 per cent. (males 7·04, females 6·62).

*Transfers to other care, etc.*—During the year 2,335 patients were transferred to another institution or to or from single-care or were, in a small number of instances, indirect admissions following discharge by operation of law. All such cases, as well as the regradings detailed on page 26, are technically termed *indirect admissions* and call for no further comment.

*Numbers remaining under care.*—At the close of the year 1945 the number of patients remaining under care (excluding those in public assistance institutions and public health general hospitals and those in receipt of outdoor relief) was 133,807 (males 57,425, females 76,382), an increase during the year of 229 (males 175, females 54).

## COUNTY AND BOROUGH MENTAL HOSPITALS

(One hundred and one in number)

### 1. Accommodation

Including beds provided at four mental deficiency institutions by transfers under Article 32A(1) of the Defence (General) Regulations, 1939, for 361 patients (males 64, females 297), accommodation in recognised bed space was provided on 1st January, 1946, for 132,186 patients (males 58,892, females 73,294).

Out of this accommodation, however, there remained diverted for purposes arising from the war recognised bed space for 17,020 patients (7,750 males, 9,270 females) while, in addition, 847 beds could not be used owing to shortage of staff and the re-adaptation of bed-space for 109 patients following use by



the Emergency Medical Service was not complete. Consequently the amount of accommodation available for mental hospital patients was reduced to 114,210 (males 50,991, females 63,219) and there were on the books of the mental hospitals 3,672 males and 9,504 females in excess of this provision.

The position disclosed by the foregoing particulars is discussed in Section I of this Report (see page 13).

## 2. Numbers under Care

At the end of the year 1945 there were on the books of county and borough mental hospitals 127,386 patients, as follows :—

Status	Males	Females	Total
Voluntary ... ..	5,986	7,564	13,550
Temporary ... ..	107	274	381
Certified ... ..	48,594	64,861	113,455
Total ... ..	54,687	72,699	127,386

There was an increase during the year of 101 patients following a decrease during 1944 of 326. Certified patients decreased by 718 while voluntary increased by 778 and temporary by 41.

The number in each class were: private 8,145; rate-aided 119,185; criminal 56.

## 3. Movement of Patients

*Direct admissions.*—During 1945 there were 29,576 direct admissions to county and borough mental hospitals as shown below.

Status	Males	Females	Total
Voluntary—			
Private ... ..	426	1,027	1,453
Rate-aided ... ..	5,197	7,260	12,457
Temporary—			
Private ... ..	35	78	113
Rate-aided ... ..	368	796	1,164
Certified—			
Private ... ..	173	202	375
Rate-aided ... ..	5,921	8,040	13,961
Criminal ... ..	47	6	53
Total ... ..	12,167	17,409	29,576

Compared with the admissions in 1944 there were increases of 1,419 in voluntary admissions, 173 in temporary and 225 in certified, making a total increase of 1,817.

*Discharges and Departures.*—The following table shows the status and mental condition at the time of discharge or departure of the absolute discharges and departures during 1945. Patients discharged on admission as “not now

insane " and those discharged after absconding (Section 85) are not included in the table.

At time of discharge or departure		Males	Females	Total
Status	Mental condition			
Voluntary	Recovered ...	1,659	3,241	4,900
	Relieved ...	2,428	3,444	5,872
	Not improved ...	843	977	1,820
Temporary	Recovered ...	56	180	236
	Relieved ...	46	104	150
	Not improved ...	17	23	40
Certified	Recovered ...	1,708	2,836	4,544
	Relieved ...	1,085	1,587	2,672
	Not improved ...	189	225	414
Total ...		8,031	12,617	20,648

Calculated on the direct admissions the percentage of patients who departed or were discharged as recovered or relieved was 62.1 (males 57.4, females 65.4), while for recoveries alone the percentage was 32.7 (males 28.1, females 35.9); the percentage of the total absolute discharges and departures (including the 12 discharged on admission as "not now insane" and the 147 discharged after absconding) was 70.4.

*Deaths* during the year numbered 8,652 (males 3,929, females 4,723), a decrease of 122 on the number in 1944.

The death rate per cent. of the daily average number resident was 6.84 (males 7.24, females 6.54); this was 0.06 below the rate for the previous year and 0.52 below the mean percentage for the preceding ten years.

Post mortem examinations numbered 4,241, or 49 per cent. of the deaths.

*Service Patients.*—The number of Service patients resident in county and borough mental hospitals at the close of the year was 3,533, of whom 27 were women, and showed an increase of 79 during the year. On the same date there were also 251 ex-Service patients (9 fewer than a year ago) the cost of whose maintenance is defrayed by the Board from a special Exchequer grant (see 11th Report, page 31).

#### 4. Causes of Death during 1944

The time that elapses between the receipt of the mortality statistics for any given year and the preparation of our Report for that year is too short to permit of the compilation of a detailed summary and its adequate study. The following table, therefore, refers to the deaths that occurred in County and Borough Mental Hospitals during 1944, the equivalent details relating to the year covered by this Report (1945) being not yet available. Some mention, however, will be made in the section that follows this of the mortality for 1945 in regard to certain diseases, particular reference to which necessitates the production of the latest possible information. This procedure is in accord with that adopted during recent years.



*Causes of Death in the cases of all Patients in County and Borough Mental Hospitals who died during the year 1944*

The daily average number of patients resident during the year 1944 was 127,190 (males 54,575, females 72,615).

Cause of Death (The numerals refer to the revised (1938) International List of Causes of Death as adapted by the Registrar-General for use in England and Wales)						Number of Deaths		
						Male	Female	Total
1 & 2	Typhoid and paratyphoid fevers ...	...	...	...	...	2	8	10
10	Diphtheria ...	...	...	...	...	—	2	2
11	Erysipelas ...	...	...	...	...	2	2	4
13	Tuberculosis of the respiratory system ...	...	...	...	...	476	252	728
14-22	Other forms of tuberculosis ...	...	...	...	...	14	31	45
27	Dysentery ...	...	...	...	...	8	12	20
30(b)	General paralysis of the insane ...	...	...	...	...	263	100	363
33	Influenza ...	...	...	...	...	10	16	26
37	Acute infectious encephalitis (lethargic or epidemic) ...	...	...	...	...	6	8	14
45-55	Cancer and other malignant tumours ...	...	...	...	...	195	293	488
69	Pellagra ...	...	...	...	...	1	—	1
83	Intra-cranial lesions of vascular origin ...	...	...	...	...	216	362	578
84	Mental disorders and deficiency ...	...	...	...	...	82	89	171
85	Epilepsy ...	...	...	...	...	98	65	163
87	Other diseases of the nervous system ...	...	...	...	...	37	35	72
90	Pericarditis ...	...	...	...	...	7	9	16
91	Acute endocarditis ...	...	...	...	...	6	15	21
92	Chronic affections of the valves and endocardium ...	...	...	...	...	125	167	292
93	Diseases of the myocardium ...	...	...	...	...	742	936	1,678
94	Diseases of the coronary arteries, angina pectoris ...	...	...	...	...	86	86	172
95	Other diseases of the heart ...	...	...	...	...	66	57	123
97	Arterio-sclerosis ...	...	...	...	...	260	323	583
106	Bronchitis ...	...	...	...	...	55	50	105
107-109	Pneumonia (all forms) ...	...	...	...	...	450	650	1,100
119 & 120	Enteritis and diarrhoea ...	...	...	...	...	5	2	7
130 & 131	Nephritis ...	...	...	...	...	100	117	217
162	Senility, old age ...	...	...	...	...	305	461	766
	Deaths from violence (including suicide)...	...	...	...	...	63	50	113
	All other causes ...	...	...	...	...	406	490	896
Total ...						4,086	4,688	8,774

### 5. Infectious and other diseases during 1945

The following table shows the incidence of certain infectious diseases among the patients and staff of county and borough mental hospitals during the year.

						Patients			Staff		
						M.	F.	T.	M.	F.	T.
Scarlet fever ...	...	...	...	...	...	—	6	6	—	3	3
Diphtheria ...	...	...	...	...	...	16	39	55	1	12	13
Measles ...	...	...	...	...	...	6	14	20	—	6	6
Chicken Pox ...	...	...	...	...	...	4	—	4	—	—	—
Mumps ...	...	...	...	...	...	1	—	1	—	1	1
Puerperal pyrexia ...	...	...	...	...	...	—	4	4	—	—	—

The deaths from these infectious diseases were: diphtheria, two female patients; puerperal pyrexia, two patients.

Tuberculosis

There were 1,456 cases of pulmonary tuberculosis under treatment at the end of the year and 124 cases of other forms of tuberculosis ; these numbers taken together are equivalent to a prevalence in the mental hospitals of 12·4 cases of tuberculosis per 1,000 patients. During the year 14 fresh cases (6 men and 8 women) were notified as having occurred among the nursing staffs of these hospitals.

*Incidence.*—The number and ratio of fresh cases arising among the patients during the year are shown in the following table. For purposes of comparison the corresponding particulars for the past decade have been set out.

Year	Daily Average number of patients resident	Tuberculosis							
		Incidence Fresh cases (all forms)		Deaths					
				Phthisis		Other forms		All forms	
		No.	Ratio per 1,000 resident	No.	Ratio per 1,000 resident	No.	Ratio per 1,000 resident	No.	Ratio per 1,000 resident
1936	128,183	878	6·8	516	4·0	67	0·5	583	4·5
1937	130,178	862	6·6	539	4·1	51	0·4	590	4·5
1938	132,477	761	5·7	460	3·5	40	0·3	500	3·8
1939	133,224	743	5·6	489	3·7	52	0·4	541	4·1
1940	132,134	851	6·4	695	5·3	56	0·4	751	5·7
1941	130,290	1,474	11·3	1,086	8·3	52	0·4	1,138	8·7
1942	127,786	1,375	10·8	1,077	8·4	74	0·6	1,151	9·0
1943	127,610	1,269	9·9	791	6·2	62	0·5	853	6·7
1944	127,190	1,143	9·0	728	5·7	45	0·4	773	6·1
1945	126,539	914	7·2	594	4·7	38	0·3	632	5·0

Enteric Group

There were 61 cases (4 males, 57 females) of typhoid and paratyphoid fevers during the year, reported from 19 hospitals. In addition 3 nurses were affected —1 man and 2 women.

Year	Enteric Fever											
	Patients						Staff					
	Incidence			Deaths			Incidence			Deaths		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1936 ...	10	54	64	3	16	19	—	7	7	—	—	—
1937 ...	6	53	59	4	21	25	—	8	8	—	1	1
1938 ...	5	33	38	1	6	7	1	6	7	—	1	1
1939 ...	13	44	57	3	6	9	—	3	3	—	—	—
1940 ...	17	70	87	2	13	15	2	9	11	—	1	1
1941 ...	33	56	89	5	9	14	—	3	3	—	—	—
1942 ...	20	49	69	5	11	16	2	19	21	—	1	1
1943 ...	5	84	89	1	17	18	—	3	3	—	—	—
1944 ...	10	33	43	2	8	10	—	2	2	—	—	—
1945 ...	4	57	61	—	13	13	1	2	3	—	—	—

During the past ten years, in a total of 656 patients affected, 81 per cent. have been women and 19 per cent. men.



*Dysentery*

The numbers for the past decade are shown in the following table.

	Dysentery			Severe Diarrhoea
	Fresh cases	Incidence rate per 1,000	Death rate per 1,000	Fresh cases
1936 ... ..	396	3·1	0·3	150
1937 ... ..	469	3·6	0·3	192
1938 ... ..	565	4·3	0·2	365
1939 ... ..	763	5·7	0·3	198
1940 ... ..	1,120	8·5	0·8	365
1941 ... ..	3,115	23·9	1·3	1,084
1942 ... ..	2,151	16·8	0·8	784
1943 ... ..	1,208	9·5	0·2	238
1944 ... ..	1,888	14·8	0·2	428
1945 ... ..	2,342	18·5	0·2	3,114

The number of cases of dysentery, reported from 76 hospitals, was 2,342, an increase of 454 on the number notified during 1944. There were 29 deaths and the death rate was 0·2 per 1,000 patients resident. The case mortality was 1·2 per cent. compared with an average for the preceding ten years of 5·1. Thirty seven nurses (19 men, 18 women) were affected.

Of the ninety-eight hospitals to which the statistics relate twenty-two hospitals reported no dysentery during the year and twenty-five hospitals fewer than ten cases.

*Erysipelas*

There were 126 cases (28 males, 98 females) of erysipelas during the year, reported from 37 hospitals. The largest number of cases occurred at Lancaster (29), Bucks (12) and Norfolk (12). There were three deaths.

*Influenza*

The notifications of this infection numbered 1,086 including one case of influenzal pneumonia. There were 21 deaths, a case mortality of 1·9 per cent.

*Pneumonia, etc.*

Non-tuberculous inflammatory diseases of the lungs and bronchi resulted in the deaths of 483 males and 682 females, a total of 1,165 patients, of whom 760 were over 55 years of age.

The group constitutes 13·5 per cent. of the deaths from all causes.

*Pellagra.*

Three cases of pellagra were reported during the year and there was one death.

## 6. Changes among Superintendents

*Cambridgeshire*

Dr. Henry Travers Jones, who had been Superintendent of the hospital since 1926, retired in April, 1945. Dr. John Glyndor Treharne Thomas, M.C. (M.R.C.S., L.R.C.P., D.P.M.), the Deputy Superintendent, has been appointed to succeed him.

*Cheshire (Upton)*

Dr. Galbraith Hamilton Grills, who had been Superintendent since 1900, retired in July, 1945. He has been succeeded by Dr. Cecil Leonard Copeland (M.B., D.P.M.), the Deputy Superintendent.

*Dorset*

Dr. Percy William Page Bedford, who had been Superintendent since 1926, retired owing to ill-health in May, 1945. He has been succeeded by Dr. Arthur Crawford Sinclair (M.D., D.P.M., D.P.H., D.M.R.E.), the Deputy Superintendent.

*Durham County*

Dr. George Shepherd Wilson, who had been Superintendent since 1933, died on the 31st January, 1945. Dr. Finlay Duncan MacGilp (M.B.), the Deputy Superintendent, has been appointed to succeed him.

*Hants (Park Prewett)*

Dr. Victor Lindley Connolly, M.C., who had been Superintendent since 1928 retired at the end of September, 1945. The vacancy has not yet been filled.

*London County (Friern)*

Dr. John Brander, who had been Superintendent since 1929, retired in September, 1945. Dr. Alexander Charles Dalzell (M.D., D.P.M., D.T.M. & H.), Deputy Superintendent of Banstead Hospital, has been appointed on a temporary basis to succeed him.

*Monmouthshire.*

Dr. Nathaniel Richard Phillips, who had been Superintendent since 1913, retired at the end of September, 1945. He has been succeeded by the Deputy Superintendent, Dr. David Ellis Jones (M.R.C.S., L.R.C.P., D.P.M.).

*Somerset (Cotford)*

Dr. William Shepherd Graham, who had been Superintendent since 1934, retired at the end of September, 1945. Dr. Kenneth Cyril Bailey (M.D., D.P.M.), Deputy Superintendent of Portsmouth Mental Hospital, has been appointed to succeed him.

## 7. Local Paid Employment for Patients

Early in 1944 the London County Council started at two of their mental hospitals, as an experiment, a scheme designed to enable selected patients, who are recovering but not yet fit for leave on trial or discharge, to take local employment, returning each night to the hospital, as a form of training for discharge and return to normal life. Certain safeguards governing the conditions under which the patients should be employed were imposed viz., that the taking of employment by the patient should be purely voluntary, that the local labour market should not be undercut, and that, as far as possible, the normal contractual relationship between employer and employee should obtain.

In reviewing the results achieved at the end of a year's operation of the scheme the Medical Officer of Health stated that there was no doubt that the scheme had been successful. It had proved to be a useful aid to the rehabilitation of that type of patient who needs some sort of protected existence before returning to normal life, and, even in those cases where final discharge may be doubtful, a feeling of self-respect, which results from the performance of necessary and useful work, is engendered. He sees no reason why the scheme should not be extended on the same conditions to any mental hospital where the medical superintendent desires to use it—this last proviso is important because the medical superintendent of a mental hospital has a personal statutory discretion over the grant of leave of absence of patients.



## Registered Hospitals

(Thirteen in number)

The number of patients resident in these hospitals at the end of 1945 will be found in the tables on pages 27 and 28 ; they showed an increase of 54 on the number resident at the end of 1944.

*Direct Admissions* during 1945 numbered 2,122 (males 736, females 1,386). Voluntary patients formed 80·8 per cent. of the total, while 3·5 per cent. were temporary and 15·7 per cent. certified.

*Departures and Discharges.* Calculated on the direct admissions the percentage of patients who departed or were discharged as recovered or relieved was 70·9 (males 65·4, females 73·8) and for recoveries alone 42·6 (males 36·8, females 45·7), while for the total absolute departures and discharges the percentage was 82·8.

*Deaths* in these hospitals numbered 313 and the death rate per cent. of the daily average number of patients resident was 12·7 (males 14·3, females 11·8).

## Naval and Military Hospitals

*Royal Naval Auxiliary Hospital, Lancaster.* On the evacuation of the Royal Naval Hospital at Great Yarmouth (see 27th Report, page 2) the patients were removed to Lancaster under Section 4 (1) of the Yarmouth Naval Hospital Act, 1931. The Hospital was visited by a Commissioner on 1st September, 1945, when 180 patients were in residence.

The Commissioner reported that this hospital continues to function very successfully. Occupations for which raw materials are needed have been much cramped during the war, but work parties on the land have been augmented and at the busy seasons of the year parties go out to help local farmers.

Forty patients enjoy town parole and a further 25 parole within the grounds.

*Royal Military Hospital, Netley.* The Commissioner who visited " D " Block of the Royal Victoria Hospital, Netley, on the 6th June, 1945, found 54 patients under treatment, of whom only eight were suffering from psychoses.

Only two wards were in use—one for new admissions and neurotics and the other for psychotics and psychopathic personality cases.

Since November, 1944, the hospital has had the services of an officer of the A.T.S. as military social worker, an innovation which has been very successful.

There was an adequate nursing staff of whom 16 hold the certificate of the Royal Medico-Psychological Association.

## State Criminal Asylum, Broadmoor

This Institution was visited by two Commissioners on 10th December, 1945. They reported that progress and humanity were evident in the care of the difficult type of patient received here ; in their occupation and recreation patients are encouraged to live as normally and to have as normal human interests as the special circumstances of their detention allow.

The wards were comfortably furnished and looked both clean and cheerful. A choral society for both sexes has recently been formed.

The shortage of nurses, particularly on the female side, was stated to be a source of great anxiety.

There were 826 patients in residence—643 men and 183 women.

## Licensed Houses

(Forty-six in number)

At the end of the year 1945 there were 18 Metropolitan Houses licensed by us and 28 Provincial Houses licensed by Justices for the reception of patients under the Lunacy and Mental Treatment Acts. Included in these numbers

are one Provincial and four Metropolitan Houses the licences of which have been suspended under Article 32AA of the Defence (General) Regulations, 1939.

The number of patients in these houses will be found in the tables on pages 27 and 28 ; they showed a decrease of 16 during the year.

*Direct Admissions* during the year numbered 1,477 (males 432, females 1,045) ; of this total 81.2 per cent. were voluntary patients, 2.3 temporary, and 16.5 certified.

*Departures and Discharges.* Calculated on the direct admissions the percentage of patients who departed or were discharged as recovered or relieved was 64.9 (males 66.0, females 64.4) and for recoveries alone 36.0 (males 34.5, females 36.7), while for the total absolute departures and discharges the percentage was 77.8.

*Deaths* in these houses during 1945 numbered 348 and the death rate per cent. of the daily average number of patients resident was 13.2 (males 10.5, females 14.6).

*Brooke House.* This house was so extensively damaged by enemy action in October, 1940, as to be rendered uninhabitable and in order to preserve the licence the Board issued a certificate suspending its operation under Article 32AA of the Defence (General) Regulations, 1939. The premises have now been sold, however, and the licence has lapsed. Brooke House had been used for the care and treatment of persons suffering from mental disorder for well over a hundred years.

### Single-Care

The number of patients who were resident at the end of the year in private single-care under the provisions of the Lunacy and Mental Treatment Acts, exclusive of cases found of unsound mind by inquisition, will be found on page 28. Compared with a year ago there was a reduction of 34 in the number under care and we are able to report, as a result of our visits to these patients, that the arrangements for their care and treatment were generally satisfactory.

### Certified Patients in Public Assistance Institution and Public Health General Hospitals\*

The number of patients certified under the Lunacy Acts and detained in public assistance institutions and public health general hospitals at the end of 1945 was 10,110 (males 4,331, females 5,779). It should be noted that these numbers relate only to persons certified under the Lunacy Acts and that they by no means represent the total number of mental cases in these institutions.

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\* The number of mental defectives in these institutions will be found on page 40.



## II. MENTAL DEFICIENCY

(Mental Deficiency Acts, 1913 to 1938)

### 1. Numbers under Care

Mentally defective patients in institutions and under statutory care in the community at the end of the year 1945 numbered 99,608 (males, 51,469, females 48,139), the sex distribution being: males 51·7 per cent., females 48·3. The proportion of patients under 16 years of age of the total of 52,788 patients who were in institutions was 14 per cent. (males 17 per cent., females 11 per cent.). A table showing the distribution of the patients under care is given on the following page.

During 1945 there were increases of 873 in certified institutions, 287 among those under Statutory Supervision and 12 in the State Institution, while there were decreases of 128 in Public Assistance Institutions and Public Health General Hospitals approved under Section 37 of the Mental Deficiency Act, 1913, of 35 in Approved Homes, 2 in Certified Houses and 51 among those under Guardianship or Notified. These changes resulted in a net increase of 956 under care.

The distribution of defectives under statutory care on 1st January, 1939, 1945 and 1946 was as follows:—

	1939	1945	1946
In Institutions, Houses and Homes provided under the Mental Deficiency Act, 1913 ... ..	46,054	52,068	52,788
Under Guardianship or Notified ... ..	4,841	5,067	5,016
Under Statutory Supervision ... ..	39,009	41,517	41,804
	<u>89,904</u>	<u>98,652</u>	<u>99,608</u>

Over 77 per cent. of the patients receiving institutional care at the end of the year 1945 were in Certified Institutions (section 36); the distribution of patients in these institutions according to the conditions under which they were received was as follows:—

	Males	Females	Total
Received under the provisions of the Mental Deficiency Acts ... ..	19,760	19,431	39,191
Not certified under the Mental Deficiency Acts:			
Sent by Local Education Authorities* ... ..	814	535	1,349
Sent by Poor Law Authorities ... ..	41	123	164
Sent by Relatives or Others ... ..	62	28	90
	<u>20,677</u>	<u>20,117</u>	<u>40,794</u>

\* The numbers shown form only a part of the total number of feeble-minded children in residential special schools many of which are not connected with Certified Institutions.

Summary of Mentally Defective Patients on the books of Institutions and under Guardianship or Notified on 1st January, 1946

Where maintained	Received under the Mental Deficiency Acts, 1913 to 1938										Not certified under the Mental Deficiency Acts			Total of all Mental Defectives in Institutions, under Guardianship or Notified		
	Under Orders (Sections 6-9)				Not under Orders (Section 3)		Total									
	Section 6		Sections 8 & 9				M.		F.							
	M.	F.	M.	F.	M.	F.	M.	F.	T.	M.	F.	T.				
	In the State Institution	376	434	586	171	7	3	969	608	1,577	—	—	969	608	1,577	
In Certified Institutions	15,679	17,848	3,390	1,157	691	426	19,760	19,431	39,191	917	686	20,677	20,117	40,794		
In approved (Sec. 37) Institutions	4,181	4,847	459	205	18	14	4,658	5,066	9,724	—	—	4,658	5,066	9,724		
In Certified Houses	3	4	—	—	80	79	83	83	166	—	—	83	83	166		
In Approved Homes	—	—	—	—	—	—	—	—	—	298	229	298	229	527		
Under Guardianship or Notified	2,058	2,519	74	13	9	5	2,141	2,537	4,678	168*	170*	2,309	2,707	5,016		
...	22,297	25,652	4,509	1,546	805	527	27,611	27,725	55,336 (a)	1,383	1,085	28,994	28,810	57,804†		

(a) Of these cases approximately 5,286 were on licence from Certified Institutions.  
\* Notified Cases (Sec. 51).

† In addition to the patients in Institutions and under Guardianship or Notified, there were on the same date 41,804 patients (22,475 males, 19,329 females) under Statutory Supervision (Sec. 30 (b)).



## 2. Ascertainment

The following table, compiled from annual returns received from local authorities, gives particulars of the number of defectives reported to them.

On 1st January	Number reported whether "subject to be dealt with" or not	Ratio per 1,000 of the population	Number ascertained to be "subject to be dealt with"	Ratio per 1,000 of the population
1939 ... ..	129,395*	3.15	95,418	2.33
1945 ... ..	130,620*	3.15	99,507	2.40
1946 ... ..	132,247	3.19	99,767	2.41
Increase during 1945.	1,627	0.04	260	0.01

\* Including feeble-minded children between the ages of 14 and 16 years notified informally for after-care on leaving school.

The number of children reported by Local Education Authorities during 1945 was 3,276. Since the 1st April, 1945, under the provisions of the Education Act, 1944, mentally defective children from the age of 2 to 16 years can be reported from any school by Local Education Authorities to Mental Deficiency Authorities, the limitations of the Mental Deficiency Act, 1913, having been removed.

Of the cases reported during the year 420 were sent to institutions, 17 placed under Guardianship, 2,270 under Statutory Supervision and 76 taken to "places of safety", while 43 died or were removed from the area of the Local Authority. No action had been taken in 450 cases (14 per cent.).

The following table shows the proportion, per 1,000 of the estimated (mid-1939) population of the area, of defectives reported to Local Authorities; of defectives ascertained to be "subject to be dealt with"; of defectives receiving institutional care; and of defectives placed under some form of statutory care in the community (i.e., licence, guardianship, statutory supervision). It will be observed that the ratios in the third and fourth columns, showing the action taken, in only a few cases amount to the ratio relating to the number ascertained; the reasons for this are that numbers varying in different areas have been ascertained but are still in receipt of poor relief and that, in some areas, comparatively large numbers have been ascertained but no action has been taken.

### *Per 1,000 of the Population.*

	Reported	Ascertained to be "subject to be dealt with"	In Institutions	In Community care
Walsall C.B. ... ..	8.48	4.32	2.55	1.73
Suffolk, E. & W. ... ..	6.33	3.41	1.59	1.29
Radnor C. ... ..	6.04	6.04	1.64	4.40
Swansea C.B. ... ..	5.96	2.92	0.83	1.94
Somerset C. ... ..	5.83	3.54	1.91	1.36
Rutland C. ... ..	5.65	5.65	1.96	3.69
Darlington C.B. ... ..	5.62	2.69	0.86	1.56
Dorset C. ... ..	5.54	3.30	1.39	1.89
Grimsby C.B. ... ..	5.41	4.48	1.95	2.51
Essex C. ... ..	5.33	2.21	0.57	1.34
Exeter C.B. ... ..	5.17	2.66	1.75	0.80
Nottingham C.B. ... ..	5.15	2.86	1.22	1.57
Salop C. ... ..	5.13	2.44	0.88	1.25
Sunderland C. B. ... ..	5.07	3.94	0.95	2.97
Oxford C.B. ... ..	4.97	3.58	1.54	2.01
Oxford C. ... ..	4.95	2.03	0.98	1.05

*Per 1,000 of the Population.*

	Reported	Ascertained to be " subject to be dealt with "	In Institutions	In Community care
Leeds C.B. ...	4.73	4.34	1.49	2.83
Portsmouth C.B. ...	4.63	2.18	0.71	1.47
Birmingham C.B. ...	4.56	4.55	1.85	2.63
Burton-on-Trent C.B.	4.44	1.70	0.70	0.91
Wiltshire C. ...	4.43	3.85	1.76	1.84
Ipswich C.B. ...	4.42	3.64	1.60	2.02
West Bromwich C.B. ...	4.41	3.69	2.21	1.45
Derby C.B. ...	4.39	2.56	0.62	1.90
Smethwick C.B. ...	4.38	4.31	0.74	3.41
Barnsley C.B. ...	4.35	2.58	0.79	1.79
Cardigan C. ...	4.34	0.45	0.29	0.06
Worcester C.B. ...	4.31	2.14	1.04	1.08
Parts of Lindsey C. ...	4.27	2.92	1.26	1.55
Berkshire C. ...	4.08	1.74	1.01	0.73
Leicester C. ...	4.00	2.57	0.98	0.66
Cumberland, Westmor- land and Carlisle C.B.	3.97	2.85	1.28	1.54
Nottingham C. ...	3.91	2.27	0.68	1.30
Cambridge C. ...	3.77	2.53	0.89	1.22
Parts of Holland C. ...	3.73	3.40	1.31	2.09
Parts of Kesteven C. ...	3.71	2.80	1.36	0.77
Sheffield C.B. ...	3.70	3.14	0.96	2.14
Middlesbrough C.B. ...	3.69	3.69	0.99	2.39
Devon C. ...	3.67	2.46	1.64	0.73
Wolverhampton C.B....	3.63	2.94	1.07	1.86
Norfolk C. ...	3.57	2.76	1.61	1.14
Southampton C. ...	3.57	2.68	1.30	1.35
Reading C.B. ...	3.51	2.80	1.01	1.79
Buckingham C. ...	3.50	2.65	1.23	1.26
Bradford C.B. ...	3.48	3.30	0.99	2.27
Cardiff C.B. ...	3.48	2.90	1.06	1.78
Plymouth C.B. ...	3.47	3.00	1.33	1.58
Southampton C.B. ...	3.46	2.73	1.10	1.63
Isle of Wight C. ...	3.46	3.22	0.91	2.30
Northampton C. ...	3.43	3.13	0.69	0.70
Doncaster C.B. ...	3.43	2.71	1.02	1.67
Rotherham C.B. ...	3.42	2.10	0.96	0.70
Bristol C.B. ...	3.37	3.33	1.22	2.10
Worcester C. ...	3.34	1.53	0.70	0.83
Northampton C.B. ...	3.23	2.24	0.74	1.50
City of York C.B. ...	3.23	2.43	1.15	1.25
Kingston-upon-Hull C.B. ...	3.22	3.09	1.11	1.97
Warwick C.B. ...	3.21	3.14	1.58	1.52
Lincoln C.B. ...	3.17	2.53	1.25	1.01
Great Yarmouth C.B....	3.16	1.00	0.73	0.26
Leicester C.B. ...	3.15	2.81	1.48	1.33
Anglesey C. ...	3.14	3.14	0.37	1.50
London C. ...	3.12	2.90	1.66	1.22
Gloucester C. and Gloucester C.B.	3.10	1.94	0.87	1.07
Derby C. ...	3.08	1.83	0.71	1.12
East Ham C.B. ...	3.06	2.73	1.14	1.43
Stafford C. ...	3.06	1.60	0.67	0.69
Monmouth C. ...	3.04	2.76	0.66	2.10
West Ham C.B. ...	3.03	2.73	1.26	1.13
Glamorgan C. ...	3.03	2.01	0.83	1.14
Dudley C.B. ...	3.01	2.37	0.82	1.40
Gateshead C.B. ...	2.95	2.95	1.35	1.56
Newport C.B. ...	2.92	1.52	0.53	0.94
Newcastle-on-Tyne C.B.	2.90	2.85	1.45	1.39
Warwick C. ...	2.83	2.27	1.35	0.84
Soke of Peterborough C.	2.82	2.82	1.04	1.75



*Per 1,000 of the Population.*

	Reported	Ascertained to be "subject to be dealt with "	In Institutions	In Community care
Dewsbury C.B. ...	2.80	1.98	1.00	0.98
Wakefield C.B. ...	2.74	1.61	0.76	0.83
Lancashire Mental Hos- pitals Board ...	2.72	1.93	0.88	0.86
East Sussex C. ...	2.72	2.57	0.65	1.87
Merioneth C. ...	2.71	2.08	0.68	0.05
Tynemouth C.B. ...	2.69	2.64	1.25	1.39
Yorks, North Riding ...	2.68	1.65	0.97	0.67
Durham C. ...	2.67	2.45	0.53	1.91
Croydon C.B. ...	2.67	2.67	1.07	1.60
Canterbury C.B. ...	2.62	1.75	0.91	0.84
Eastbourne C.B. ...	2.62	2.62	1.01	1.61
Northumberland C. ...	2.58	2.39	0.88	1.49
Hastings C.B. ...	2.58	2.44	1.04	1.35
Kent C. ...	2.57	1.74	0.85	0.66
Coventry C.B. ...	2.54	2.53	0.95	1.57
Isle of Ely C. ...	2.50	1.36	0.72	0.64
Wallasey C.B. ...	2.50	1.66	0.88	0.71
Cornwall C. ...	2.46	2.45	0.89	1.54
Brighton C.B. ...	2.44	2.44	1.00	1.34
Bath C.B. ...	2.43	2.27	1.09	1.17
Halifax C.B. ...	2.43	2.43	1.15	1.28
Pembroke C. ...	2.41	1.42	0.72	0.11
Hereford C. ...	2.39	2.39	0.69	1.70
Middlesex C. ...	2.34	1.88	0.90	0.85
Montgomery C. ...	2.32	2.32	1.03	1.29
Southend-on-Sea C.B....	2.23	1.76	0.68	0.90
Brecknock C. ...	2.21	2.21	0.44	1.77
Surrey C. ...	2.19	1.51	0.82	0.59
Carmarthen C. ...	2.19	1.05	0.30	0.75
Yorks, West Riding ...	2.12	1.96	0.73	1.18
Birkenhead C.B. ...	2.08	2.08	0.82	1.12
Bedford C. ...	2.06	1.83	0.66	0.88
Chester C. ...	2.05	2.05	0.53	1.42
Stoke-on-Trent C.B. ...	2.02	1.89	0.82	1.07
Yorks, East Riding ...	2.01	1.75	0.90	0.85
Chester C.B. ...	1.94	1.94	1.06	0.88
South Shields C.B. ...	1.91	1.91	0.90	0.87
Hertford C. ...	1.89	1.78	1.14	0.58
West Hartlepool C.B....	1.85	1.85	0.72	1.13
Denbigh C. ...	1.85	1.85	0.88	0.85
Huddersfield C.B. ...	1.71	1.71	0.80	0.91
Caernarvon C. ...	1.69	0.75	0.35	0.39
Bournemouth C.B. ...	1.62	1.49	0.73	0.76
Flint C. ...	1.58	1.58	0.56	1.02
West Sussex C. ...	1.56	1.56	0.39	1.14
Merthyr Tydfil C.B. ...	1.37	0.39	0.37	0.02
Huntingdon C. ...	1.17	1.17	0.38	0.68

**3. Accommodation**

The total number of beds provided on 1st January, 1946, for mental defectives in Institutions and Homes certified or approved by the Board was 49,062, a net increase of 10 since 1st January, 1945.

The impossibility of recruiting staff still prevents the full use of new accommodation at Brockhall, Stallington Hall, Leybourne Grange and Warwickshire Weston Colony.

The Westwood Certified Institution (300 beds) has been released from the Emergency Medical Service and the patients from Bowling Park Public Assistance Institution are being re-transferred.

In the cases of Sandhill Park (161 beds) and Tadcaster Public Assistance Institution (24 beds), as was explained in previous years, although the patients have been evacuated, the certificate or approval is still in existence and the numbers are included in the total given above.

A total of 2,137 beds have been released but a considerable number of beds in the larger certified institutions is still allocated to the Emergency Hospital Services and the overcrowding is therefore much greater than appears on paper. The difficulty of finding vacancies for all classes of defectives, with the exception of beds for high grade women, has become more acute than ever.

### I.—BEDS PROVIDED

Table A shows the number of beds provided for mental defectives under Sections 35, 36, 37, 49 and 50 of the Mental Deficiency Act, 1913, on 1st January, 1939, 1945 and 1946. There has been a net increase during the year 1945 of 10 beds, compared with a net decrease of 18 beds during 1944.

TABLE A

	On 1st January		
	1939	1945	1946
(i) Certified Institutions provided by Local Authorities (Section 36) ... ..	22,874	26,979	27,102
(ii) Certified Institutions provided by other bodies (Section 36) ... ..	10,240	9,630	9,556
(iii) Public Assistance Institutions and Public Health General Hospitals (Section 37) ... ..	10,120	10,166	10,132
(iv) State Institution (Section 35) ... ..	1,457	1,511	1,511
(v) Certified Houses (Section 49) ... ..	182	172	172
(vi) Approved Homes (Section 50) ... ..	844	594	589
	45,717	49,052	49,062

Further particulars follow of the groups (i), (ii), (iii) and (vi) enumerated above :—

#### (i) *Certified Institutions (section 36) provided by Local Authorities*

On 1st January, 1946, the beds in certified institutions provided by local authorities numbered 27,102.

Table B shows the variations during the year 1945 resulting in an increase of 123 beds.

TABLE B

<i>Institution</i>	<i>Local Authority</i>	<i>Beds Increase</i>
Franklyn ... ..	Devon County Council ... ..	57
Hermitage ... ..	East Sussex County Council ... ..	28
Westdale ... ..	Nottingham County Council ... ..	38
		123

#### (ii) *Certified Institutions (section 36) provided by other bodies*

On 1st January, 1946, the beds in certified institutions provided by bodies other than Local Authorities numbered 9,556, a net decrease of 74 beds.

The certificate in respect of the Devon and Exeter Home was endorsed to exclude the ancillary premises and this resulted in a loss of 69 beds.



The Hermitage (28 beds) was acquired by the East Sussex County Council. Following the death of Miss Best, Superintendent and owner of The Friars, the patients were transferred elsewhere and the certificate surrendered; this resulted in a loss of a further 17 beds.

Ancillary premises at the Midland Counties Institution were certified for 40 patients.

(iii) *Public Assistance Institutions and Public Health General Hospitals*  
(Section 37)

On 1st January, 1946, beds in Public Assistance Institutions and Public Health General Hospitals approved under section 37 numbered 10,132, a decrease of 34 beds. The following changes took place:—

	<i>Increase</i>	<i>Decrease</i>
Scarborough (approval lapsed) ... ..	—	1
Bowling Park (approval reduced) ... ..	—	110
West Beckham (approval issued) ... ..	14	—
Cirencester (approval surrendered) ... ..	—	10
Cranbrook (approval surrendered) ... ..	—	35
West View (approval issued) ... ..	35	—
Ashfold (approval surrendered) ... ..	—	30
West Hylands (approval issued) ... ..	30	—
L.C.C. transferred institutions (St. Lawrence's Hospital, Darenth Park, Fountain Hospital and Leavesden Hospital.)	73	—
	<hr/> 152 <hr/>	<hr/> 186 <hr/>

(vi) *Approved Homes (section 50)*

On 1st January, 1946, the beds in Approved Homes numbered 589, a decrease of five beds.

The approval in respect of Ingleside was increased from 9 to 10. The Grey House, Sevenoaks, was approved for 19 patients and the approval of The Vineyard was increased by four. The death of the owner of Grove School resulted in the lapse of the approval and the 29 patients were removed.

## II—HOSTELS

The following Hostels under the management of non-statutory bodies receive patients, in the first instance, on licence from other Certified Institutions:

Royal Fort Home, Bristol (The Committee of Management) ...	(Women)
Royal Hostel, Elstead (Surrey Voluntary Association for Mental Welfare) ... ..	(Men)
The Old Rectory, Bath (Bath Voluntary Association for Mental Welfare) ... ..	(Women)

The Sheffield County Borough Council provides a hostel for women at 71-73, Scott Road, Sheffield.

Patients are now sent out to daily work from a number of Certified Institutions, but the following have separate Hostel branches :—

The Manor (London C.)	...	...	...	...	(Men and Women)
Royal Western Counties Institution	...	...	...	...	(Men and Women)
Farmfield (London C.)	...	...	...	...	(Men)
Meanwood Park Colony (Leeds C.B.)	...	...	...	...	(Women)
St. Lawrence's Hospital (London C.)	...	...	...	...	(Men)
Monyhull Colony (Birmingham C.B.)	...	...	...	...	(Women)
Harmston Hall Colony (Lincolnshire Joint Board)	...	...	...	...	(Women)
Sandhill Park (Somerset C.)	...	...	...	...	(Men and Women)
Aston Hall (Nottingham C.B.)	...	...	...	...	(Men)
Stoke Park Colony	...	...	...	...	(Women)
Pewsey Colony (Wiltshire C.)	...	...	...	...	(Men)
Leicester Frith (Leicester C.B.)	...	...	...	...	(Men)

### III—EMERGENCY HOMES

Five emergency Homes are now in existence for children evacuated from danger areas :—

*Under the management of Central Association for Mental Welfare*  
(now merged in the Provisional National Council for Mental Health)

St. Paul's House, Upper Maze Hill,  
St. Leonard's-on-Sea.

Bod Donwen, Rhyl.

The Old Vicarage, Bognor Regis ... For children from Coldeast Colony  
and others.

Sherborne House, Basingstoke.

*Under private management.*

Field Place, Nursery Home, New Milton, } For children from the area of the  
Hants. } Middlesex County Council.

### IV.—HOSTELS FOR AGRICULTURAL WORKERS

During the year two more Agricultural Hostels opened by the Provisional National Council have been recognised by the Board.

The eight Hostels at present open are :—

Hatherley Court,  
Down Hatherley,  
Gloucestershire.

Hazeldon,  
Redmarley,  
Gloucestershire.

Firleaze,  
Ridgeway,  
Gloucestershire.

Beacon Garth,  
Hessle,  
near Hull.

Stottesdon Hostel,  
Kidderminster,  
Worcestershire.

Denmead Hostel,  
Cosham,  
Portsmouth.

Avebury House,  
St. Peter's Street,  
Winchester, Hants.

Winterbourne Park,  
Winterbourne,  
near Bristol.

In addition the Wiltshire County Council have established a Hostel for agricultural workers at Potterne Wick, near Devizes, which is being conducted as ancillary premises to Pewsey Colony.



## 4. Community Care and Community Training

### (a) COMMUNITY CARE

Table I classifies the 51,768 defectives under statutory care in the community (i.e., on licence, under guardianship and under supervision) on 1st January, 1946, and shows the corresponding numbers for the previous year and for the 1st January, 1939. The net increase during 1945 in these cases was 572.

TABLE I

	On 1st January			Increase during 1945
	1939	1945	1946	
On licence from institutions ... ..	3,107	4,982	5,286	304
Under guardianship (section 30 (d)) ...	4,531	4,697	4,678	(-19)
Under statutory supervision (section 30 (b)).	39,009	41,517	41,804	287

Table II shows corresponding particulars in regard to defectives under voluntary supervision (i.e., those not "subject to be dealt with" but for whose friendly visitation some arrangement has been made by the local authority).

TABLE II

	On 1st January			Decrease during 1945
	1939	1945	1946	
Under voluntary supervision ... ..	26,006	24,470	23,862	608

### (b) COMMUNITY TRAINING

The following table shows Occupation Centres and Clubs functioning on the dates specified. Separate classes in one building are counted as one centre and not as distinct units.

	1st January, 1944		1st January, 1945		1st January, 1946	
	Centres	Clubs	Centres	Clubs	Centres	Clubs
Local Authorities ...	37	1	36	1	40	1
Voluntary Associations	51	1	52	1	47	—
	88	2	88	2	87	1

### *Changes during 1945*

#### *Local Authorities*

Stratford-on-Avon centre closed. Warwick made full time. Great Yarmouth, Dagenham and Walthamstow centres have been re-opened. Plymouth and Canterbury centres are now conducted by the local authority.

#### *Voluntary Associations*

Huyton (Liverpool), Warrington and Wigan centres re-opened. Six separate classes and one club conducted by the Guardianship Society, Brighton, now amalgamated into one centre.

### 5. Discharges

#### MENTAL DEFECTIVES DISCHARGED FROM (a) INSTITUTIONS AND (b) GUARDIANSHIP IN THE YEAR 1945

	Reason of discharge				Total
	By Board of Control	Owing to nature of Special Report and Certificate or because not received (Section 11)	Orders lapsed whilst absent without leave	On attaining age of 21 (Section 11 (2) and (3))	
(a) Institutions ...	402	287	38	44	771
(b) Guardianship	36	112	—	2	150
	438	399	38	46	921

The number of defectives discharged in 1945 showed a decrease of 19 compared with 1944.

The total numbers discharged in former years were :—

1938:755. 1939:1,025. 1940:819. 1941:846. 1942:815. 1943:1,001. 1944:940.

### 6. Deaths

The deaths which occurred during 1945 among the mentally defective patients in Institutions (excluding institutions approved under Section 37) and under guardianship numbered 635 (males, 346, females, 289), distributed as follows :—Certified Institutions, 565 ; State Institution, 8 ; Certified Houses, 5 ; Approved Homes, 12 ; under guardianship, 45.

The proportion of deaths to the average number of patients resident was 13·4 per thousand compared with an average for the preceding quinquennium of 15·9 per thousand.

The chief causes of death were : Pneumonia (all forms), 141 (22·2 per cent. of the total number of deaths) ; tuberculosis (all forms), 130 (20·5 per cent.) ; heart disease, 104 (16·4 per cent.) ; epilepsy, 67 (10·6 per cent.).

### 7. State Institution\* (Rampton and Moss Side)

#### (1) RAMPTON

We have received the following report from Dr. Mackay the Medical Superintendent of Rampton :—

“ *Numbers Resident.*—

	<i>Men</i>	<i>Boys</i>	<i>Women</i>	<i>Girls</i>	<i>Total</i>
1st January, 1945 ...	729	12	426	15	1,182
31st December, 1945	712	11	427	13	1,163

“ *Admissions* during 1945 numbered 130 (males 77, females 53) ; in addition 3 men and 11 women were transferred from Moss Side.

\* An institution for defectives of dangerous or violent propensities established and maintained by the Board of Control under the provisions of Section 35 of the Mental Deficiency Act, 1913.



The following table shows the sources of the admissions :—

								Males	Females
Certified Institutions ...	...	...	...	...	...	...	...	45	44
Section 37 Institutions	...	...	...	...	...	...	...	3	2
Prisons ...	...	...	...	...	...	...	...	20	1
Home Office Approved School	...	...	...	...	...	...	...	2	4
Courts of Summary Jurisdiction	...	...	...	...	...	...	...	3	—
Mental Hospital	...	...	...	...	...	...	...	1	—
Municipal Hospital	...	...	...	...	...	...	...	—	1
Own Home	...	...	...	...	...	...	...	2	1
Children's Home	...	...	...	...	...	...	...	1	—
								—	—
								77	53
Transferred from Moss Side	...	...	...	...	...	...	...	3	11
								—	—
Total	...	...	...	...	...	...	...	80	64
								—	—

“ *Transfers.*—Fifty-one men and 25 women were transferred to Moss Side, 35 men and 22 women improved sufficiently for transfer to other institutions and one of each sex to guardianship.

“ *Discharges.*—Three women who, after varying periods on licence, were considered to be no longer in need of care and control under the Mental Deficiency Acts were discharged ; in addition orders under the Mental Deficiency Acts were allowed to lapse in the cases of 4 men and 11 women who had been transferred to mental hospitals under Section 16 of the Mental Deficiency Act, 1913.

“ *Deaths.*—Three men and 3 women have died during the year, the death rate being 5·1 per thousand. Inquests were held on two patients, one male and one female ; in the latter case death was due to a very large dose of a narcotic drug self-administered. The case was out of the ordinary in that the patient was only 17½ years of age, had made excellent progress and appeared to be looking forward with eager anticipation to her removal from Rampton.

“ *Licence (from Rampton).*—At the beginning of the year 8 men and 19 women were on licence. In the course of the year 12 men and 29 women were granted licence, as follows :—3 women to private service, one woman to her own home, 9 men and 20 women to other institutions on trial, and 3 men and 5 women to hospital for treatment.

“ There were removed from licence 13 men and 29 women and at the close of the year 7 men and 19 women remained on licence.

“ *Section 16.*—Eight men and 9 women were transferred during the year to mental hospitals under Section 16 of the Mental Deficiency Act, 1913 ; at the end of the year 12 men and 17 women remained on our books under this section.

“ *Absconders.*—Three men were absent at the beginning of the year and 30 men and 12 women absconded during the year ; 29 men and 10 women were returned. At the end of the year 4 men and 2 women were still away.

“ The following remarks summarize in brief the situation and events of the Institution throughout the year.

“ As in other Hospitals and Institutions the problem of nursing staff has been acute throughout the year and there have been periods of great anxiety. The closure, of necessity, of one Villa on the female side did not materially ease the nursing situation and restricted the proper classification of patients still further. It is therefore all the more remarkable that with the reduction



in number of nursing staff the patients throughout the year have exhibited a degree of contentment and tractability which must very largely be attributed to the stability, patience and understanding of the nursing staff who have continued in their posts in these exceptionally difficult times. Other factors have no doubt contributed towards this, but there has been no falling off in the extreme behaviour disorders which characterise admissions to this Institution. The demands made by patients on the attention of all persons connected with their training and care are at all times exacting and the chief regret is that more staff are not available to share the duties.

“ The high incidence of young women admitted with venereal infection imposed a heavy burden on our Hospital staff, and it was indeed fortunate that the conversion of two rooms into a special treatment unit, suitable also as a small operating room, was completed by our own labour in time to deal with a situation which was growing steadily worse. Fifty patients have received treatment for venereal disorders in this centre and penicillin treatment with bacteriological control has now been begun. Coupled with this work our visiting Gynaecologist has rendered special services ; and our consulting Surgeon, Physician and Ophthalmologist have also been most helpful in their respective specialties.

“ Major operations throughout the year numbered 7 in all and other cases were dealt with in Hospitals outside.

“ If the number of patients licensed into situations throughout the year has not been notable, yet the continued contact with and supervision of those who have been placed in situations in previous years has added to our experience of the reactions of our particular types to the environment of private homes and individuals ; not the least interesting point, and gratifying, is their appreciation of our help, particularly during the difficult transitional period of the first few months. Interesting too is their readiness to correspond with various members of the staff even after discharge from certificate has taken place. To see patients, whose quondam behaviour was once extreme, living useful and reasonably contented lives stimulates enquiry into the causes of psychopathic and temperamental disorders, and though all may not fall into the category of psychopathic, a high proportion seem unquestionably to be such.

“ Organized occupations, recreation and amusements have played their valuable part in the process of rehabilitation, but in all of these there is yet room for improvement and intensified application dependent on the availability of suitably trained staff. The appointment of a trained occupations officer on the male side has resulted in a very much larger number of lower grade difficult patients being in daily employment. On the female side one member of the staff obtained her occupational therapist's certificate, and we hope that in conjunction with the head occupational therapist the work in this department will be developed still further. An exhibition of handicrafts in September proved a great success and enlivened the interest of the patients in their own work.

“ A beginning has been made with special educational classes for retarded adults with results already so significant as to encourage their further prosecution.

“ Perhaps one of the most enjoyable events of the first year of peace was the Annual Sports day. In brilliant weather and a record crowd of patients who were on their best behaviour, a long and enjoyable day was spent, and not the least acceptable item on the programme was ice-cream for all, supplied by two old-style ice-cream carts.

“ Catering has maintained its highly satisfactory standard, thanks to the organisation of the Steward's department, coupled with the farm and garden



products whereby an ample supply of various vegetables in season has helped to maintain the dietary at a most satisfactory level.

“ The extension by gradual process of the orchards has been continued and improvement to the amenities of the estate by lay-out of gardens has been effected in conjunction with the necessary cultivation of food-stuffs, and it is hoped to proceed with this development year by year.

“ For the nursing staff a small private chapel in the Nurses’ Home was dedicated in November, 1945, by the Bishop of the diocese of Southwell, who emphasised the value of such a centre in the heart of the Institution.

“ A number of male members of the nursing staff returned from the Forces have helped to relieve the strain of the work on the male side where serious overcrowding still exists, and affects not only grading of patients but the progress of those who might otherwise improve more rapidly without initiation into ways of behaviour which are prone to arise where proper segregation is impeded.

“ At the end of a very exacting year full of events it is my duty and pleasure to thank all members of the staff—not least the various officials who have shared the anxieties and difficulties—for their exceptional efforts, and to express the hope that the ensuing year will bring relief by way of a larger number of recruits to this branch of the nursing profession. We hope that various interested visitors—official and otherwise—will bring to the notice of likely persons the needs of the work and its attractions, despite its difficulties.”

## (2) MOSS SIDE

We have received the following report from Dr. James, the Medical Superintendent of Moss Side :—

### “ *Numbers Resident*

			<i>Males</i>	<i>Females</i>	<i>Total</i>
1st January, 1945	...	...	206	141	347
31st December, 1945	...	...	233	142	375

“ *Admissions.*—The number of admissions during the year was 54 males and 27 females ; 68 were feeble-minded, 9 were imbeciles, 4 were moral defectives and there were no idiots. Three males and one female were received from certified institutions, one female was received from an institution approved under Section 37 and the remainder came from Rampton.

“ *Transfers.*—Seventeen males and 9 females were transferred to certified institutions or to institutions approved under Section 37 ; three males and 11 females were transferred to Rampton.

“ *Licence.*—Three males and 7 females were on licence at the beginning of the year ; the 3 males and 5 of the females were in institutions, one female was in employment and one female was in the care of relatives. During the year 3 males and 6 females proceeded on licence to institutions, one male and one female went to situations, 2 males and 2 females returned from licence and 3 males and 7 females were transferred from licence to institutions. At the end of the year 4 males and 5 females were on licence ; 3 males and 3 females were in institutions, one male was in hospital and 2 females were in employment.

“ *Discharges.*—There were no discharges.

“ *Deaths.*—Two males died during the year, the death rate being 5.54 per 1,000. In one case death was due to acute pericarditis and in the other an inquest was held and death was found to be due to injuries sustained by falling from a first-floor window while absconding.



“ *Section 16.*—One male and one female were transferred to mental hospitals under section 16 ; at the end of the year both patients remained on our books under this section.

“ *Absconders.*—Eight males and 3 females absconded during the year and 8 males and 4 females were returned. One female was absent at the beginning of the year and was still absent at the end of the year.

“ *General Health.*—Two minor epidemics of influenza occurred ; one at the beginning and one at the end of the year. There were 3 cases of pneumonia and each responded rapidly to treatment. One female patient developed pulmonary tuberculosis. In general the health of the staff and patients has been good.

“ *New buildings.*—A sufficient number of temporary staff was engaged to enable 20 additional patients to be received into the new male special block, opened 2 years ago, thus bringing it to its full complement of 40 patients. There was, however, no improvement in the position regarding female staff and the new female special block with accommodation for 40 patients and the new workshops, ready in all other respects, remained closed.

“ It is to be hoped that work may soon be resumed on the unfinished male special blocks and their associated workshops.

“ *Occupations.*—The concrete workers' shop was re-opened and it has produced a large number of paving blocks for the interior gardens and kerbs for the paths. The tailoring department was expanded by the opening of a second workshop and the result was very satisfactory. Plastic materials in the form of “ perspex ” and plastic cane, were introduced in two of the workshops. The latter material, in various colours, was made up into some unusually attractive articles but the raffia workers found it more difficult to handle than natural cane which is still unobtainable. A book-binding section, comprised of female patients, re-bound a large number of books for the Red Cross Libraries. The remaining workshops and departments were maintained at full strength and in full production.

“ Some 70 male patients were employed on the farm and gardens but a much greater number is needed to deal adequately with the development of the new gardens and lawns without diminishing the production of food and the maintenance of the grounds.

“ The supply of vegetables for the kitchen was well maintained and likewise the output of trees and shrubs from the nurseries. The steady increase in the planting of hedges will soon necessitate the aid of mechanical trimmers.

“ The patients' canteen continued its activities and its goods were much in demand. It plays an important part in the life of the patients, the results of which will become more evident when better facilities for shopping are available. Additional refreshments and cigarettes were provided, free of charge out of the proceeds, for all patients on various occasions during the year.

“ The efforts of the Visiting Chaplains in each denomination had gratifying results and Divine Service was well attended.

“ *Recreation.*—The enthusiasm of the male patients for football and cricket was raised to an even higher level by the provision of competition shields, made in the joiner's shop. Football equipment was completed and each ward now has its own colours. White trousers and shirts and proper boots were worn by the cricketers and it is hoped, when conditions permit, to proceed to blazers and caps in the various ward colours. Organized and representative outdoor games continue to prove invaluable in the training of male patients but progress is slower with the females and the interest aroused in them by



the introduction of new games, either indoor or outdoor, is apt to be temporary. There is still a need for female nurses with an aptitude for instruction in games. The open-air boxing tournament has become an annual favourite with the men and their chess club has continued to prosper.

"The cinema was easily the most popular form of indoor entertainment with all patients and the standard of films shown has been kept at an agreeably satisfactory level. Many of the better class films are of relatively long duration and valuable time is wasted in changing reels on a single projector although this year an improvement has resulted from greater efficiency on the part of the projectionists. A twin projector is much needed.

"Interest in the weekly dance was undiminished and the floor was well filled on every occasion. The Christmas entertainments were at a high level and innovations consisted of a conjuring performance and the inclusion of an organ recital in the carol singing. The Scouts gave a gymnastic display at the annual sports and received a visit from the District Commissioner later in the year. The activities of the Guides were as usual and they enjoyed their meetings and outings. They participated with the Scouts in ceremonial parades on the National Days of Prayer and Thanksgiving.

"*Staff.* Four members of the staff returned from Active Service with H.M. Forces. Five nurses obtained the certificate of the Royal Medico-Psychological Association, one nurse gaining distinction and five nurses passed the preliminary examination.

"Interest in 'home-made' entertainment tended to wane towards the end of the year, particularly in regard to dances and social evenings, and the dramatic society did not revive. This was not unexpected and was evidently occasioned by the ending of the war and the lifting of the black-out. Only the football, orchestra, and children's welfare sections of the Staff Recreation Club remained fully active. The football section enhanced its reputation in the early part of the year and joining a more senior league in the latter part, gave a good account of itself.

"The staff again deserve commendation for their co-operation and faithful service in the work of all departments of the Institution throughout the year and I have pleasure in recording my appreciation of their loyalty."

### **Changes among Medical Superintendents**

#### *Royal Eastern Counties Institution*

Dr. Frank Douglas Turner, C.B.E., retired in February, 1945; he had served for 40 years on the medical staff of the institution and had been its Superintendent since 1914. He was succeeded by Dr. Eric Randal Hull (M.B., D.P.M.), Deputy Superintendent of Calderstones, who died, however, in the following September.

#### *The Manor, Epsom*

Dr. Edward Salterne Litteljohn, O.B.E., who had been Medical Superintendent of this institution since it was first certificated in 1921, retired in July, 1945. Dr. James Francis MacMahon (M.D., D.P.M.), Deputy Superintendent of Leavesden Hospital, was appointed to succeed him.



### III. GENERAL

#### 1. Inquiry by Commissioners

An inquiry was held by two Commissioners at Durham Mental Hospital on 27th February, 1945, into allegations of the ill-treatment of a patient by members of the nursing staff.

The patient (A.P.R.) after her departure from the hospital, where she had been under care as a Voluntary patient, complained to her sister that she had been assaulted while a patient at the hospital by three members of the female nursing staff.

The inquiry was attended by four members of the Visiting Committee with their Deputy Clerk and by the sister of the patient; the medical staff and the Mental Hospital and Institutional Workers' Union were represented by Solicitors.

After inspecting the records and examining 15 witnesses all of whom, with the exception of one patient, were sworn the Commissioners reported that—

(1) After seeing and hearing the witnesses, and after carefully considering the evidence given by each, they were unable to accept that the bruising and discolouration of the patient's wrists and the bruising of her face were sustained as the result of an assault upon her by members of the nursing staff, as she alleges. They considered that the bruising and discolouration of her wrists were the result of the restraint necessarily applied to her between 4.45 p.m. and 7.30 p.m. on Monday, 18th September, 1944. It appeared from the evidence that the bruising of the patient's face might have been sustained by the patient striking her face against the edge of the seat in the shelter during her struggles there over the same period of time; and they came to this conclusion.

(2) The casualty report made by the Charge Nurse on the 21st September appeared to be speculative so far as the cause of the injury was concerned. It should have been made earlier when marks first became visible. The importance of making a prompt and accurate report stating clearly whether the cause was known should have been appreciated by an experienced and responsible nurse in an acute ward and the fact should be impressed upon the Charge Nurse.

#### 2. Prosecutions

The following prosecutions under the Mental Deficiency Act, 1913, which resulted in convictions, were reported to our Board:—

*R. v. Elsie Mary Judd.*—The defendant was convicted on the 1st March, 1945, by a Court of Summary Jurisdiction of an offence under Section 53 of the Mental Deficiency Act, 1913, in respect of her daughter, a mentally defective patient on licence from St. Mary's Hospital, Portsmouth, an institution approved under Section 37 of the Mental Deficiency Act, 1913, and was fined £2.

*R. v. Charles William Tonkins.*—The defendant was convicted at the Manchester Assizes on the 27th March, 1945, on charges of having carnal knowledge of his daughter, a mentally defective woman, whilst she was placed out on licence from Calderstones Institution, a certified institution under the Mental Deficiency Act, 1913. He was sentenced to five years and two years imprisonment to run concurrently.

*R. v. Fanny Saville.*—The defendant was convicted at the Aldridge Petty Sessional Court on 26th March, 1945, of an offence under Section 53 of the



Mental Deficiency Act, 1913, in respect of her son, a mentally defective patient in Great Barr Park Colony, a certified institution under the Mental Deficiency Act, 1913, and fined £5 with the alternative of one month's imprisonment.

*R. v. Alfred John Lattimore and Kathleen Lattimore.*—The defendants were found guilty before the Essex County Magistrates sitting at Billericay on the 3rd April, 1945, for offences under Sections 53 and 54 of the Mental Deficiency Act, 1913, in respect of a mentally defective patient in South Ockenden Colony, a certified institution under the Mental Deficiency Act, 1913, and fined £7 with £2 2s. costs and £2 with £1 1s. costs respectively.

*R. v. Clare Elizabeth Parnwell.*—The defendant was convicted on 13th April, 1945, at Nottingham City Petty Sessions of an offence under Section 53 of the Mental Deficiency Act, 1913, in respect of her daughter a mentally defective patient in Basford Public Assistance Institution, an institution approved under Section 37 of the Mental Deficiency Act, 1913, and was fined £10 with 10s. costs.

*R. v. George William Askew.*—The defendant pleaded guilty on 26th April, 1945, at the Sheffield Petty Sessional Court to an offence under Section 53 of the Mental Deficiency Act, 1913, in respect of his daughter a mentally defective patient in Fir Vale House Public Assistance Institution, an institution approved under Section 37 of the Mental Deficiency Act, 1913, and was bound over for twelve months in the sum of £5.

*R. v. William Edwin Jones.*—The defendant was found guilty on 7th May, 1945, at the Newtown Assizes under Section 56 of the Mental Deficiency Act, 1913, of having carnal knowledge of a mentally defective woman whilst she was placed out on licence from Seafeld House Institution, an institution approved under Section 37 of the Mental Deficiency Act, 1913, and was bound over.

*R. v. Mark Locke and Mary Elizabeth Locke.*—The defendants were charged before a court of Summary Jurisdiction on 8th June, 1945, with offences under Section 53 of the Mental Deficiency Act, 1913, in respect of their son and another mentally defective patient in Coleshill Hall, a certified institution under the Mental Deficiency Act, 1913. They were convicted on both charges and each fined 20s. (10s. in each case).

*R. v. Thomas Arthur William Langford.*—The defendant pleaded guilty to an offence under Section 56 of the Mental Deficiency Act, 1913, in respect of a mentally defective woman whilst she was a patient in the Manor Certified Institution, a certified institution under the Mental Deficiency Act, 1913. He was sentenced to six months imprisonment.

*R. v. John William Beynon.*—The defendant was convicted at the Glamorgan Assizes on the 17th July, 1945, under Section 56 of the Mental Deficiency Act, 1913, of having carnal knowledge of a mentally defective woman while she was under Guardianship. He was sentenced to six months imprisonment with hard labour.

*R. v. Stanley Parminter.*—The defendant was convicted at the Wonford Petty Sessional Court on 4th September, 1945, of an offence under Section 53 of the Mental Deficiency Act, 1913, in respect of a mentally defective woman in the Royal Western Counties Institution, a certified institution under the Mental Deficiency Act, 1913, and fined seven pounds.

*R. v. Benjamin Ralph Rendall.*—The defendant was convicted at the Dorset Autumn Assizes of an offence under Section 56 of the Mental Deficiency Act, 1913, in respect of a mentally defective woman whilst she was a patient in Bridport Public Assistance Institution, an institution approved under Section 37

of the Mental Deficiency Act, 1913, and was bound over in the sum of £5 for two years.

*R. v. William Alexander.*—The defendant pleaded guilty at the Newcastle Assizes on the 9th October, 1945, to an offence under Section 56 of the Mental Deficiency Act, 1913, in respect of a mentally defective woman whilst she was placed out on licence from Prudhoe Hall Colony, a certified institution under the Mental Deficiency Act, 1913. He was bound over for twelve months and put under probation.

*R. v. Ralph Percy.*—The defendant pleaded guilty at Northumberland Assizes on the 10th October, 1945, to an offence under Section 56 of the Mental Deficiency Act, 1913, of having carnal knowledge of a mentally defective woman whilst she was placed out on licence from St Andrew's Colony, a certified institution under the Mental Deficiency Act, 1913. He was sentenced to nine months imprisonment.

By Order of the Board,

(Signed) P. BARTER,  
*Chairman.*

(Signed) H. C. BLEAKLEY,  
*Secretary.*

Clifton Hotel,  
St. Annes on Sea,  
Lancashire.  
June, 1946.



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